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ABSTRACT

The purpose of this manual is to assist nurses and teachers in providing health care and education for migratory farm workers and their children. Common health beliefs among the Mexican American migrant workers are discussed in order to assist nurses and teachers at being more effective in teaching the migrant about health. Guidelines are presented for making optimum use of planning and organizing time for the Migrants Incorporated 7-week summer programs. The guidelines are separated into 2 sections. The first section is for the Migrant School Nurse and includes discussion of (1) pre-program planning; (2) preparing for vision, hearing, and dental screening; (3) setting up equipment and supplies; (4) getting the program started; (5) responsibilities of each position; (6) keeping records; and (7) all medical services. The other guidelines section, for the Migrant School Teacher, deals with health instruction as it applies to preschool children in Head Start and children in the elementary grades. The manual is appended with information on available audiovisual aids. (AN)

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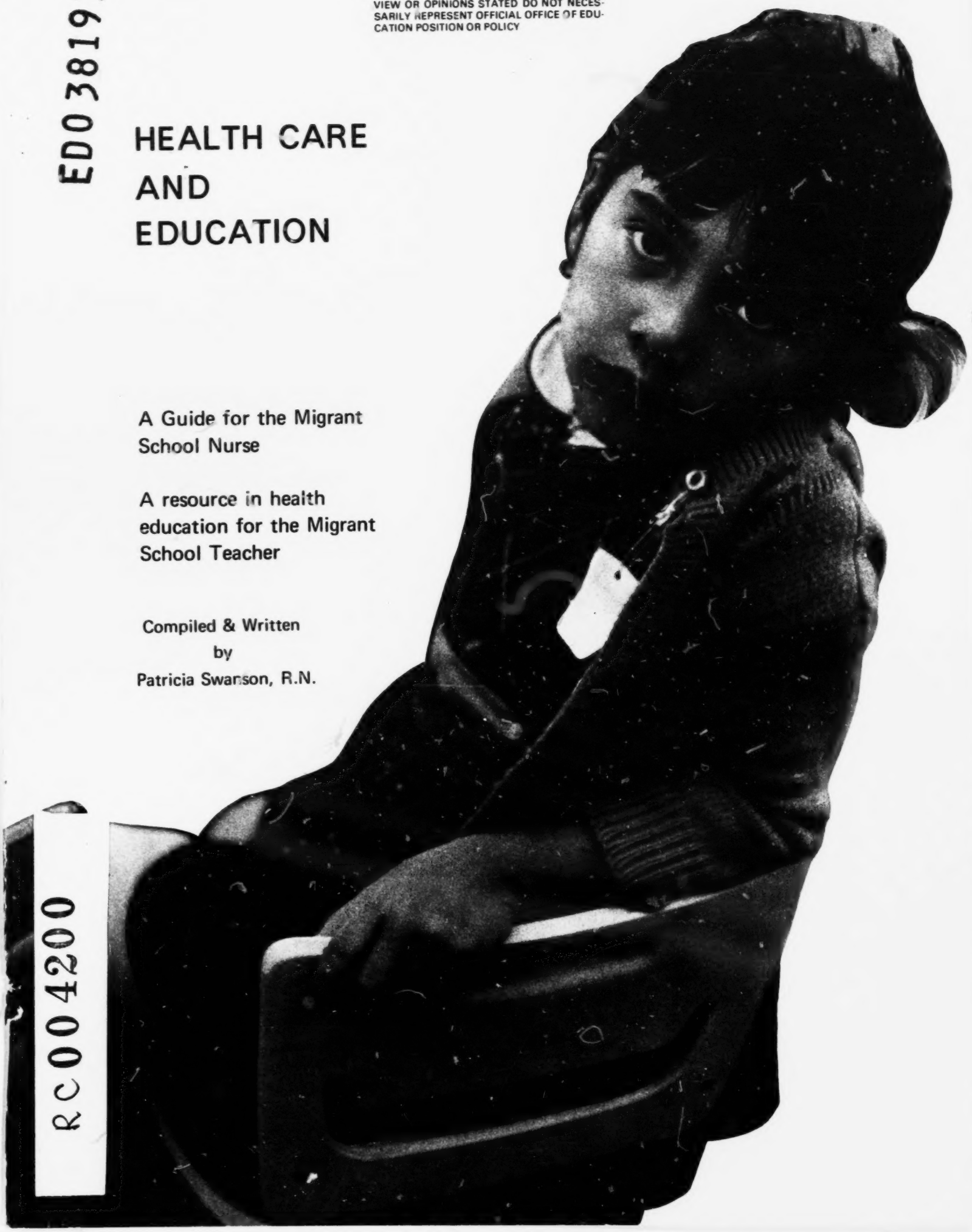
HEALTH CARE AND EDUCATION

A Guide for the Migrant School Nurse

A resource in health education for the Migrant School Teacher



Compiled & Written
by
Patricia Swanson, R.N.

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Prepared by Migrants Incorporated
in cooperation with the Minnesota
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FOREWARD

The ultimate purpose of this manual is to assist nurses and teachers in providing health care and education for the children of migratory farm workers and their parents.

In order to make optimum use of the seven week summer program of Migrant's Incorporated, careful planning and organization must take place. There is much to be done and little time to do it in.

Each program location is unique in its facilities, operation, personnel, available services, and problems.

Because of these factors, guidelines are needed in order that a good understanding can be obtained of what can and should be done for these children as far as health is concerned, and how these goals may be accomplished. Yet, these guidelines must be flexible enough to be adapted to each location and its own situation.

I have tried to learn as much as possible about the problems and needs of our health services through professional people who are experienced in working in such programs, and through detailed research of printed materials available.

I would like to extend my sincerest appreciation to the following people who so willingly gave of their knowledge and services: Miss Alberta Wilson, Director, Section of Nursing, Minnesota State Department of Health; Mrs. Catherine Barnier, Clay County School Nurse, Moorhead, Minnesota; Miss Janet Fulton, Public Health Nursing Consultant, Minnesota State Department of Health; Mrs. Harriet Thom, Instructor of Pediatric Nursing, St. Luke's Hospital School of Nursing, Fargo, North Dakota; Mrs. Ella Olson, Nutritionist, St. Paul Public Schools; Mr. Carl Knutson, Minnesota Department of Health, Physical Education, and Safety; Miss Agnes Kolshorn, Regional Nutrition Consultant, Office of Economic Opportunity; Mr. Michael Drew, Migrant's Incorporated Location Director; Mrs. Dorothy King, Instructor of Child Development and Family Relations, North Dakota State University; Mrs. Barbara North, Assistant Professor, Department of Food and Nutrition, North Dakota State University; John D. Nelson, M.D., Associate Professor, Department of Pediatrics, University of Texas, Southwestern Medical School, Dallas, Texas; Miss Judith Bieber, Project Co-ordinator, Migrant Health Project, Minnesota State Department of Health; Mrs. Lenora Anderegg, Senior Nurse, Migrant Health Project, Minnesota State Department of Health; Mrs. Elmyra Spellacy, School Nurse, Institute of Child Development, University of Minnesota; Mrs. Jackie Yamahiro, Co-ordinator, Institute of Child Development, University of Minnesota; Bethel McCloud, Home Extension Agent, Clay County; Mrs. Phyllis Boatman, Instructor of English, Kennedy Public Schools, Kennedy, Minnesota; Mrs. Jean Blakeway, Instructor of Nutrition, St. Luke's Hospital School of Nursing, Fargo, North Dakota; Miss Agnes Larson, former Nutrition and Home Economics Director, St. Paul Public Schools; Miss Carol Nagel, Public Health Nurse, Moorhead Public Schools, Moorhead, Minnesota; Charles H. Hayden, D.D.S., M.P.H., Regional Program Director, Dental Health, United States Public Health Service; Crippled Children's Services, Department of Public Welfare, State of Minnesota; William Jordan, D.D.S., Director, Section of Dental Health, Minnesota State Department of Health; Mr. Paul Riddle, Director, School Health Education, Minnesota State Department of Health; Mrs. Marilyn Wilfong, Section of Maternal and Child Health, Minnesota State Department of Health; Miss Mary Darling, Nutritionist, Minnesota State Department of Health; Mr. Roger Pacquin, Section of Vision and Hearing, Minnesota State Department of Health; Miss Vera D. Knickerbocker, Director, Division of Nursing, North Dakota State Department of Health; Mrs. Catherine Lenarz, Regional Director, Minnesota Respiratory

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Suggestions for organizing and carrying-out our health program are presented in this manual.

However, I am sure there are problems, questions, and needs yet to be discovered and solutions and answers yet to be found. It would only be unrealistically optimistic to assume that this manual contained all the answers. Oh, how I wish it did!

It does, however, provide a beginning. New ideas, suggestions, and improvements will most certainly be made in years to come.

But for the present there are things to be taught and accomplished. You, the professional nurse and teacher, will find much to challenge, interest, and reward you in your work with these children . . . . . they need so much that you can give them.

Patricia Swanson, R.N.

—Health Co-ordinator
Migrant's Incorporated

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INTRODUCTION

BACKGROUND OF MIGRANT'S INCORPORATED . . .

More than 700 of the Nation's 3,100 counties depend on the labor of farmworkers from outside the local area during the peak of the harvest season. One million men, women, and children move annually in response to this need.

Migrant farmworkers are not commuters. They travel so far from their homes that they must establish a temporary residence in one or more other locations during each crop season. All family workers may work when work is plentiful.

There are many social and economic handicaps that characterize farm migrants:

Minority group status – The people belong chiefly to Spanish-speaking, Negro, Indian, and low-income "Anglo" minorities.

Poverty – Annual income from all sources averaged $1,400 per migrant worker in 1965; that of non-migrant seasonal farmworkers was even less.

Lack of education – The average migrant adult has achieved the fifth grade.

Poor environment – With minor exceptions, their housing is characterized by slum conditions in both their home base and their work communities.

Community rejection – Even in their "home" communities they are often not accepted.

The migrant has the added handicap of mobility. Always a stranger and an outsider, he "belongs" to no community. Even the place he calls home often does not consider him one who "belongs".

Within the past decade, hope has come to these people through organizations and agencies interested in helping them obtain a better life.

One of these organizations is Migrant's Incorporated, a non-profit organization founded in 1966, with the primary purpose of assisting migrant farmworkers in transferring from a diminished hand agricultural labor force to the modern industrial and agribusiness force.

It is federally funded by the Minnesota State Department of Education, the North Dakota Department of Public Instruction, Office of Economic Opportunity, Project Head Start, and the Social Security Act, Title IV.

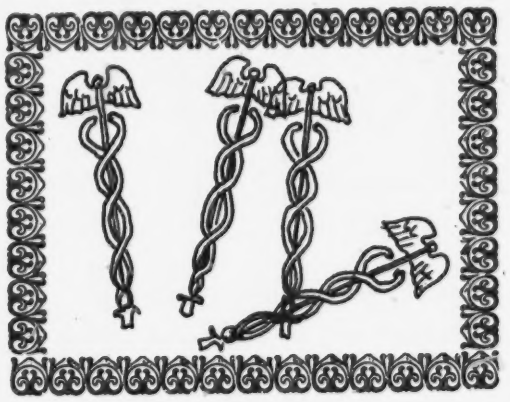
The program's greatest emphasis is on training and education to help the migratory worker to help himself to achieve his maximum potential. Infant Care Centers are conducted for children from infancy to three years, Head Start programs for preschoolers, elementary education for children up to 14, and adult and family programs to improve basic employment skills.

Migrant's Incorporated is striving to improve the migratory worker's condition by making the community aware of his problems and by making the migratory workers aware of his opportunities in the community through available referral services. Help is given the migrant worker in order that he may become a viable citizen in the social and economic community.

Health Care is also provided in medical services, preventative medicine, infant care, dental care, and health instruction.

Migrant workers are involved in the program in that they help plan and direct all projects. It is hoped that ultimately, the migrant workers will be able to independently manage a program such as Migrant's Incorporated.

Interest is growing. Each year more children are coming, and more families are interested. The people realize that their children need education and training if they are to obtain permanent jobs and lead better lives.



ROLE OF THE MIGRANT SCHOOL NURSE . . .

The role of the Migrant School nurse is diversified, challenging, and rewarding. You are needed!

In the past, reports of migrants' health status and services have shown—

Repeated serious outbreaks of diarrhea among their children.

Lake of early prenatal care and sometimes none at all for migrant mothers.

Diphtheria epidemics resulting from failure of community immunization programs to reach them.

Numerous unpaid medical and hospital bills for emergency care, some of which simple precautions could have reduced or prevented.

As the 1961 report of the Senate Subcommittee on Migratory Labor pointed out: "The constant interstate movement of migratory farm families prevents them from utilizing public health services generally available to other citizens. Their needs for health services are far from being met even though the conditions under which they live and work are such that their need for health services is greater than normal."

Much of their disease and disability stems from poverty, filth, and ignorance, afflictions which migrants share with other impoverished people who—

Live in poor, overcrowded housing in a substandard setting.

Lack facilities for washing, bathing, and laundry — sometimes even water for family use.

Have little knowledge of good dietary and food handling practices, and no proper place for food storage.

Lack understanding of health needs, or proper health maintenance practices.

Lack funds to pay for care, even if need and suitable ways to cope with it are understood.

For some of you, this will be your first year with Migrant's Incorporated. If you have not had training in Public Health Nursing, you may perhaps be a little apprehensive of being outside of the structured hospital routine. But take heart! The fundamental role of the nurse is the same, and much help is within reach.

You will primarily be responsible for the health of the children in the school in the broadest sense. This specifically involves preparing for and scheduling physical examinations; immunization clinics; vision, hearing, and dental clinics; supervising the care of the children in the nursery; detecting any necessary medical care and either providing or obtaining such care; and, of course, providing simple first-aid. Follow-up care is to be arranged and provided for as much as possible. You will assist in health teaching, in-service training, case-finding, counseling, record-keeping, and home visits where required. You will be a resource person in health for the teachers and all location personnel.

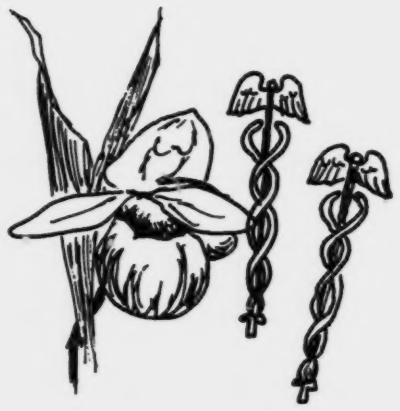
GOALS AND OBJECTIVES FOR THE MIGRANT SCHOOL NURSE . . .

To co-ordinate, supervise, and provide optimum health care for the Mexican-American children in the Migrant School through observation, education, examinations, immunizations, and follow-up care.

To assist the Migrant School Teachers in providing instruction and practical application in personal hygiene, disease prevention, nutrition, and basic health care.

To keep in close communication with the Migrant Health Project Nurse, the Public Health Nurse, and all program personnel in order that proper referrals, in-service education, and complete health care may be given.

To assist in providing information to the Mexican-American parents in relation to the purpose, importance, techniques, and methods of obtaining adequate health care.



ROLE OF THE MINNESOTA MIGRANT HEALTH PROJECT NURSE . . .

There are other nurses providing care for the migrant people. These nurses are sent by the Minnesota Department of Health's Migrant Health Project, which is funded under the Migrant Health Act through the U.S.P.H. Service. This project has a government grant which provides health services to migrant families in Minnesota and many other states where migrant workers are located. (North Dakota does not have these services as yet.)

As a qualified Public Health Nurse, the Migrant Health Project Nurse's duties are to work with the migrant families, as needed to help them help themselves. She only serves migrant families, and is a supplement to the County Nurse or Local Health Services. One Migrant Health Project Nurse may serve an area that encompasses more than one Migrant's Incorporated Location.

Due to the frequent full time employment of these Public Health Nurses, as School Nurses, and their own orientation session by the Migrant Health Project, they usually do not arrive in the location areas until the second week of our program.

Upon visiting the families in their camps and by using her educational background, the Migrant Health Project Nurse decides who needs help and care. She sets her own priorities, then proceeds to plan with each family to obtain services.

She will be of great value to the Migrant School Nurse as a resource person. Information about the family home situation, referral services available, and local Migrant Family Health Centers may be obtained through the Migrant Health Project Nurse.

If she is made aware of the services provided (examinations and clinics) in the Migrant School, she can explain and reinforce the value of such procedures during her home visits.

Necessary referrals made to the Migrant Health Project Nurse by the Migrant School Nurse concerning families of school children will be followed-up to the extent that time allows.

It is strongly suggested that good lines of communication and a good working relationship be established between the Migrant School Nurse and the Migrant Health Project Nurse. Teamwork can do much in presenting health services to these people. A weekly conference will prove extremely beneficial, and is recommended.

ROLE OF THE NORTH DAKOTA PUBLIC HEALTH NURSE . . .

Each county or district health unit in North Dakota employs one or more Public Health Nurses.

During the summer, these Public Health Nurses are available to the Migrant School Nurses as resource persons.

The Public Health Nurse can provide assistance in setting-up immunization clinics, hearing examinations, referral services, and follow-up care. She is available for help, advice, and direction as needed.

The Migrant School Nurse in North Dakota is encouraged to keep in close contact with the local Public Health Nurse so that adequate and complete health services can be provided.

ROLE OF THE MIGRANT SCHOOL TEACHER . . .

The teacher in the Migrant School is of paramount importance in accomplishing the goals of Migrant's Incorporated. Her position demands professional preparation, patience, understanding, acceptance, flexibility, and a dedicated concern for children who are educationally retarded from one to three years.

Migratory children miss school regularly due to the travel pattern of their families. Since English is their second language, these children are generally behind their resident peers in education. And due to the low average income of the family, children of migratory workers do not receive sufficient medical care. Many of the migrant people still believe in folk medicine and "witchcraft."

It is for these reasons that education, particularly health education, is so desperately needed. These children need to "catch-up" with their peers in the public school. They need to become more fluent in the English language so they can fully communicate in our world today. Medical services are needed to insure good health and a subsequent ability to complete school work and other activities. Health education is needed to replace fears, superstitions, and ignorance with a sound knowledge of how to obtain good health . . and keep it.

Included in these guidelines are suggestions for topics, methods, and activities involved in health education. It is the hope of Migrant's Incorporated that these suggestions will prove helpful and valuable in presenting health instruction to the migratory children. Yours will be an important contribution toward a better life for the migrant worker.

COMMON HEALTH BELIEFS AMONG MEXICAN-AMERICAN MIGRANT WORKERS

The Spanish-speaking migrants have a cultural and linguistic background different than that of the English-speaking North Dakotan or Minnesotan. Because of this, they have numerous beliefs and attitudes that are different from ours.

Their health beliefs are a combination of customs and practices of their Indian heritage, old folk society, and ideas of 16th century Spanish medicine.

Many of these beliefs are being tossed aside in the modern day as a result of increased knowledge, yet still large numbers are retained, particularly among the adults. Children are now learning about good hygiene and modern health practices in our schools throughout the country. It is toward attainment of this basic health education that we shall strive.

We, as personnel dealing with migrants, must be able to recognize, understand, and accept the existence of these age-old beliefs to avoid insulting the migrant parents and children. By such knowledge we may avoid the establishment of barriers that would hinder our relationships and progress.

The following are some beliefs and attitudes which it might be well for us to take into consideration taken from the Associated Migrant Opportunity Services Educational Bulletin #10, "The Effect of Cultural Background and Class Status Upon the Health Beliefs of the Spanish-Speaking Migrant" taken from William Madsen's book **Mexican Americans of South Texas.**

Some of the migrant people see no point in educating their children, as this would cause them to rise above their parents, thus "shaming" the parents.

The male is unquestionably the head of the household and whoever enters the home is to respect his authority. No visitor is expected to enter a house or be seated without a specific invitation from the head of the house. As a guest, the visitor is expected to follow the conversational lead of the host and to avoid expressing independent opinions.

Illness and sickness are believed to be sent by God as a punishment for sin. This is one reason why immunizations are resisted because "illness sent by God cannot be prevented by scientific techniques."

Modesty is also to be protected at all times. It is difficult for a member of the opposite sex to disrobe even for a physical examination.

These people generally refuse to believe in germs or microbes too small to be seen with the naked eye. It is because of this belief that sterilization is not carried out for baby bottles, nipples, toys, and so on. They also believe flies are harmless, since germs that flies would carry do not exist.

Since illness is a family affair, an individual's illness should be discussed with his family. Medical personnel should take time to fully explain any illness or procedure to the family in the simplest terms, as long words are a mask to cover the physician's ignorance.

To be separated from one's family is intolerable and except in crisis, hospitalization is to be avoided like the plague. It is not right for babies to be born in a hospital. A child should come into the world in the home where it will be raised and loved.

Surgery is a true terror to the Mexican-American since they believe there is something ungodly about cutting off parts of a living body and will go to great lengths to prevent it.

Folk diseases are unique to Mexican-American's and are cured only by folk medicine. Since Anglos do not get these diseases, they are considered immune to them. Medical denial of such diseases is taken as evidence of the limited knowledge of medical personnel.

Some examples are:

Fallen-fontanel, the symptoms of which are possible insomnia, loss of appetite, digestive upsets, and excessive crying in the baby.

The cure consists of holding the baby upside down so gravity helps push the fontanel back into place, having an adult insert both thumbs into the mouth of the child and pushing gently on the palate, or covering the fontanel with a poultice of herbs or wet bandages.

Evil-Air, is another folk disease – the symptoms being aches and pains in a particular area of the body where the evil air lodges. This can be prevented by protecting children from the cold winds and night air.

Evil-Eye, is to some extent, a reflection of envy. The symptoms are simple nervousness to rashes, sores, aches, and pains. It is of supernatural origin and inflicted by enemies in league with Satan. To remove the effects of evil-eye, do not forget to touch the head of any child you have admired or complimented.

In order to work effectively with these people and establish good rapport, we must never deny or disregard these beliefs as superstitions. We must try to use these beliefs to the best advantage and work with them, if possible.

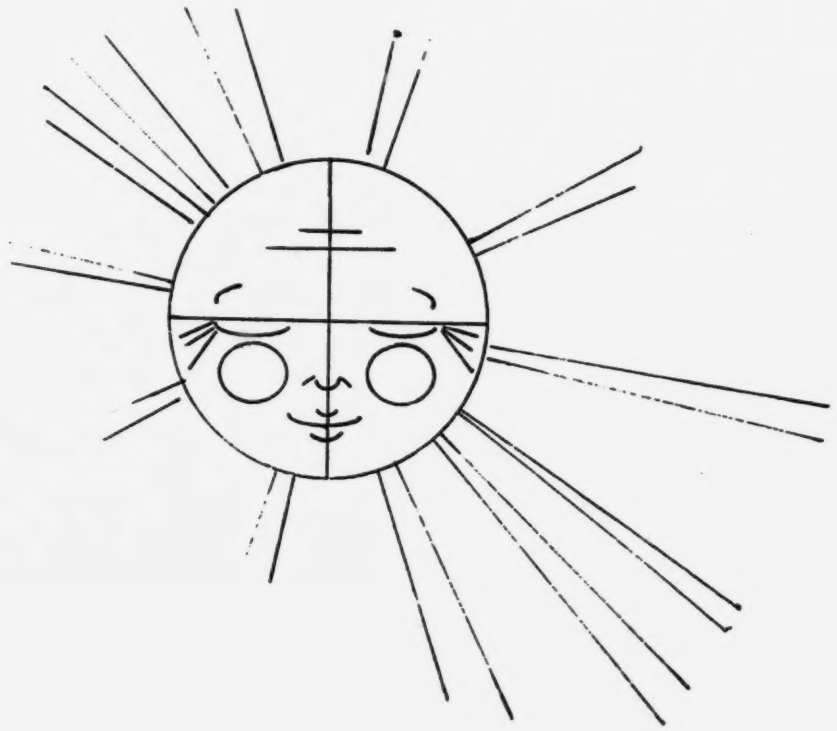
Never insult the migrant by dismissing his self-diagnosis, but agree with him, explaining that we have different words for the same disease. This he will accept.

Be sure to explain the reasons and procedures for immunizations in very simple words. To the Mexican-American, foreign bodies or objects injected into the body cause illness, not cure.

In summary, we should heed the words of Thomas E. Roberson, Health Education Consultant for the Migrant Health Branch, United States Public Health Services.

> "To effectively teach these people about health we must be concerned with modified or changed behavior. We must then take into account present knowledges, feelings, attitudes, interests, beliefs, cultural values, needs, capabilities, and resources of those to be educated.
>
> We must have profound faith in the people and their ability to help themselves, and must find ways of involving them in identifying their own health problems and in developing ways of solving them."

Migrant' School Nurses Section



PREPARING FOR THE MIGRANT SUMMER PROGRAM

Pre-program planning can save the Migrant School Nurse much time and trouble. The following is a list of suggested details to be considered before the program begins:

Arrangements With The Local Health Officer or Physician –

Within the jurisdiction of the local health officer is the enforcing of all laws, regulations, ordinances, and resolutions – whether state or local in origin – concerned with public health. The Migrant School Nurse should arrange to meet him and discuss the coming summer program with him as soon as possible. (Names of officials in sub-units of government, including the health officer, can be obtained from the county auditor.) Be prepared to thoroughly explain the services of Migrant's Incorporated and its goals. Many physicians are well versed about Migrant's Incorporated and are very co-operative. Some, however, do not seem to understand the purpose of Migrant's Incorporated and resent the extra load of patients brought to them. By your willingness to plan ahead with the physician, you might develop a better working relationship for the coming weeks and save both of you unnecessary time and trouble.

Since the services of the local health officer or physician will be needed during the Migrant School Program, it is well to obtain an understanding as much as possible of what services are to be anticipated and how they will be handled.

I. STANDING ORDERS. It may be desirable for the Migrant School Nurse to obtain a set of "standing orders" from the local physician or an understanding as to what should be done with reference to the following items.

A. EMERGENCY AND MEDICAL CARE –

1. Under what circumstances may the physician be contacted?

2. How and where may he be reached?
(Post his telephone number by the Migrant School telephone for immediate availability.)

3. The physician may prefer to set aside one scheduled hour per week to examine children that you feel require attention. If no examinations are necessary, he may be notified.

B. COMMUNICABLE DISEASES –

1. Does he wish to personally examine all ill children?

2. How will he want to control communicable diseases?

3. Of course, it is difficult to plan for specific diseases, but since these children often arrive with communicable diseases of some sort, this topic should at least be discussed.

C. PEDICULOSIS CAPITUS –

1. How does the local health officer prefer you to handle this?
Obtain and follow his recommended treatment.

2 3. Some other treatments that may be used are sulphur ointments 4 to 5%, Topocide 10 to 30%, Kwell 1%, and Cuprex shampoo. The nits may be removed with a fine toothed comb dipped in hot diluted acetic acid (vinegar).

3 4. To refresh your memory, the eggs, or nits, appear as small white or grayish flecks that adhere firmly to the hair shaft. Each nit will hatch in four days at the latest. The infested scalp itches severely, scratching of the infected area produces an exudate.

D. MEDICATIONS ON HAND –

Does the physician prefer you to have any medications on hand such as children's aspirin, cough medicine, antibiotic ointment, aqueous zephiran 1:1000, caladryl, and similar medications? Of course, many of these require no prescription, but it is wise to

discuss this with the physician. He may prefer to write some "standing orders" on medications he recommends and prefers. Such steps may save both of you time and trouble, and are recommended.

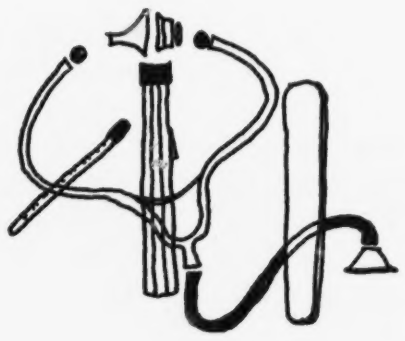
E. FOOT CARE –

Since migrant children frequently go barefooted, cuts, sores, and wounds of the feet are fairly common. Infection frequently results.

1. What care does the physician prefer that you provide?

2. Will he require tetanus antitoxin to be given with most wounds?

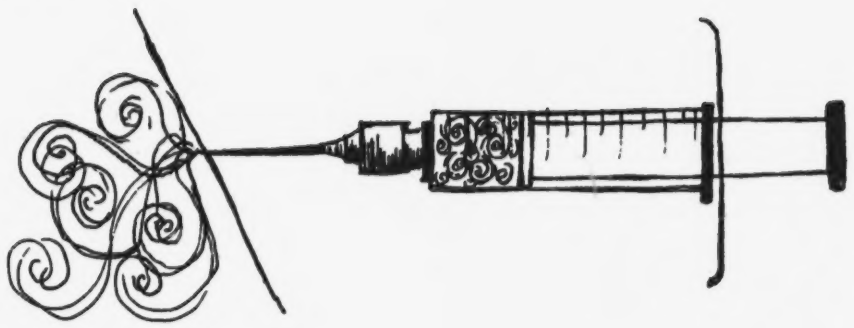
This list presents just some of the possible problems and questions that may arise. From past experience, the physician may have additional requests and procedures he will want you to follow.



II. SCHEDULING OF PHYSICAL EXAMINATIONS.

A. An appropriate number of days or times should be agreed upon by the physician for physical examination of each child in the migrant school. It is recommended that these examinations be conducted during the second week of the program to allow adequate time for registration of all students and for provision of referral services and follow-up care. (Some locations have given physical examinations only to all children under five years of age, and those older children who seem to need a physical examination. However, due to the increased exposure of these children to diseases, their limited knowledge and practice of disease preventative measures, and the fact that many diseases are nearly asymptomatic in the earlier stages, a complete physical examination is recommended for each child.)

B. Provision should be made for routine urinalysis and hemoglobin checks on or before the date of the physical examinations. It has been recommended that urinalysis be conducted in the Migrant Schools before the date of the physical examinations by means of "Combistix" which detect abnormal albumin, dextrose, and pH. Abnormal findings may be further tested by more accurate laboratory procedures as determined by the physician.



III. IMMUNIZATION CLINICS.

A. The physician may prefer to conduct an immunization clinic simultaneously with the physical examinations. Such a routine usually works out quite well, as the physician is then able to review each child's immunization record and order the needed immunizations. The physician's preference and advice should be sought in providing immunization clinics.

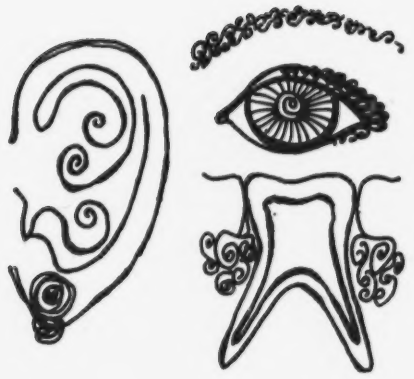
B. Upon reviewing the health records and medical histories of the children, the Migrant School Nurse should determine the approximate type and amount of immunizations needed.

C. In Minnesota, the physician should then be notified of the approximate type and amount of immunizations to be given. Necessary biologics may be ordered by the physician (or Migrant School Nurse) from the State Department of Health.

D. In North Dakota, the local Public Health Nurse and physician should be contacted concerning immunizations. The Public Health Nurse will order the necessary biologics, and assist with the immunization clinic if at all possible.

E. Immunizations should also be conducted during the second week of the program to allow repeat DPT series to be given one month later.

F. If necessary on a massive scale, (20 or more tests), Mantoux testing may be arranged through the Minnesota Respiratory Health Association if sufficient advance notification is given. (Tests are done at a rate of approximately 100/hr.) Otherwise, testing should be arranged locally with the local health officer. In North Dakota, Mantoux testing can be arranged with the local Public Health Nurse.



PREPARING FOR VISION, HEARING, AND DENTAL SCREENING

Here, services vary between Minnesota and North Dakota so they will be dealt with separately.

I. Minnesota.

The Minnesota State Department of Health provides screening services for vision, hearing, and dental examinations.

Specifications for setting up and preparing for these clinics are given on pages 40 through 45.

However, arrangements **must** be made in **advance** with the local dentists to obtain services for those migrant children needing dental care. Perhaps a few certain hours per week, or a few scheduled days can be arranged at the dentist's convenience. If such arrangements are not made, very little, if any dental care will be accomplished. Some areas may have organized dental clinics to provide these services.

Advance inquiry should also be made to local service clubs (Lions, etc.) to see if they may provide eye glasses for the Mexican-American children, if needed. (If such arrangements cannot be made, Migrant's Incorporated will pay for needed eye glasses.)

Each location will be notified in advance of the date and time the State Examining Teams will be in their area.

II. North Dakota.

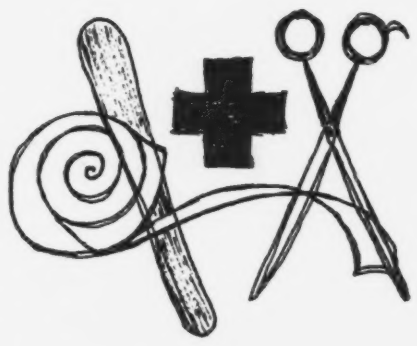
Vision examinations are done by the Migrant School Nurse. Plans and provisions for conducting these examinations should be made in advance. The local Public Health Nurse is available as a resource person if assistance is needed. Advance inquiry should also be made to local service clubs (Lions, etc.) to see if they may provide eye glasses for the Mexican-American children, if needed. (If such arrangements cannot be made, Migrant's Incorporated will pay for needed eye glasses.)

Hearing examinations should be arranged with the local Public Health Nurse. She will probably conduct the actual testing, and will arrange for any necessary referral care.

Dental examinations will be provided by a State Dental Examining Team, if available. If not, dental examinations will be provided by the physician conducting the physical examinations, or by the Migrant School Nurse as in previous years.

Advance arrangements must be made with the local dentist to provide follow-up dental care. Perhaps a few certain hours per week or few scheduled days can be arranged at the dentist's convenience. If such arrangements are not made, very little, if any dental care will be accomplished.

A dental hygienist is also available through the North Dakota Public Health Department, Dental Division, to make presentations on dental care.



SETTING UP

I. SUPPLIES.

A. The Migrant School Nurse will find it necessary to have certain supplies on hand other than the First Aid Kits given her. As mentioned previously, certain medications must be discussed and agreed upon by the physician, and standing orders for administration of such medications obtained, if possible.

B. The following is a suggested list of possible needed supplies and equipment.

1. First Aid Kit.
2. Tongue blades.
3. Oral and rectal thermometers.
4. Container for thermometers.
5. Isopropyl alcohol 70% or isopropyl alcohol 70% with 1% iodine added for thermometer storage.
6. Green soap.
7. Antibiotic ointment.
8. K-Y Jelly.
9. PhisoHex liquid soap.
10. Caladryl or similar antipruritic.
11. First Aid ointment or spray.
12. Peptobismal.
13. Plastic spoons.
14. Q-tips.

15. Soft disposable towels or tissues for cleaning minor wounds.
16. Children's aspirin or Liquiprin.
17. Blunt scissors.
18. Flashlight.

C. Thermometer care is an important part of nursing responsibility. The following care is recommended. The thermometer must be clean before disinfection. Water soluble lubricants have replaced the oils that can interfere with the action of a germicide, yet any lubricant must be wiped off with a paper wipe or sponge before cleaning with soap and water. A twisting downward motion towards the bulb with sponge or cotton ball moistened with green soap is most effective. The twisting motion is important to the cleaning action. The thermometer should then be rinsed with running water. Repeat soap and rinse procedure, then immerse thermometer in disinfecting solution. Rinse with clear water before using.

II. Desk and Storage Space.

A. Arrangements should be made for the nurse to have a desk or table available for her use, along with a file, boxes, or drawers for keeping records and papers.

B. The following records and forms will be used:

1. Medical history and physical examination sheet for each child.

2. Pocket Health Records – PHS-3652 for each child. (This record is to be filled out by the Migrant School Nurse and sent on with the child at the end of the program.)

3. Vision, hearing, and dental screening forms in Minnesota, (2 all together) to be completed at the time of the examination, with one copy given to the Migrant Health Project Nurse and one copy kept for the Migrant School Nurse's own records on each child.

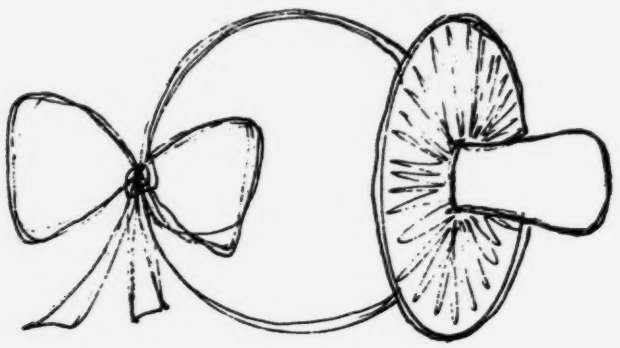
4. Emergency and Referral forms.

All of the above may be filed together under each child's name as they are filled in and completed, and kept as a complete health record for that child.

5. Health Program Control Sheet.

This is to be used merely as an available "organizer" for the Migrant School Nurse, if she so desires.

Permanent records should be kept on each child since many return to the same area annually.



III. Infant Care.

A. Many items will be needed in the nursery area to provide adequate care for the children. A list of suggested items is given for the Nurse's reference and convenience. The Location Supervisor also has this list and has been asked to see that such supplies are provided and ready for use when the program begins. It might be wise for the Nurse to check with the Location Supervisor concerning these supplies and possibly assist in obtaining them to assure their availability when the Migrant School opens.

B. Equipment and Supplies for Infant Care.

1. Two large rooms, if possible.
2. Plastic bottles, 8 ounce and 4 ounce.
3. bottle brush.
4. dishwashing soap.
5. disposable diapers.
6. diaper pins.
7. container with plastic liners for diaper disposal.
8. evaporated milk – both Pet and Carnation.
9. baby foods – variety, plus biscuits and crackers.
10. baby cereals – start with rice as it is less apt to produce allergic reactions.
11. baby orange and apple juice.
12. plastic spoons.
13. cribs and bassinets with sheets or towels to cover them. One per child. Cribs should be placed at least two feet apart.
14. hampers or containers for linen disposal.
15. refrigerator available for formula.
16. nearby clothes-washing facilities.
17. cotton balls.
18. laundry detergent.
19. bath towels and wash cloths.
20. phisoHex soap.
21. baby and toddler clothes.
22. bibs.
23. rubber pants.
24. plastic tubs for bathing babies.
25. fine toothed combs for infants.
26. handwashing facilities for personnel.
27. high chairs.
28. play pens.

SUGGESTED TOYS:

rattles
small soft rubber or cloth toys
push and pull toys
picture books
blocks
crayons and paper
broom
pots and pans
dolls
tables and chairs
telephone
plastic or wooden train
blackboard and chalk
blunt scissors
colored paper for cutting.

C. A more efficient Infant Care can be conducted if the infants (0-16 months) are in separate areas from the toddlers (16 months to 3 years). If at all possible, such an arrangement should be made. If a large Infant Care is anticipated, one nurse should be responsible for the infants, and another responsible for the remainder of the children.

D. Recommended ratio of staff to infants and toddlers is 1:5. (for infants, 1:3 is even better)

E. A Spanish-speaking aid should be in Infant Care to assist in communicating with the toddlers, as they frequently understand very little English. They should, however, be encouraged to speak English as much as possible.

F. It has been suggested that the mothers be required to accompany their children under three years of age to Infant Care the opening day of the program to provide information about diets, habits, and any other helpful information.

G. It might also be helpful if the Migrant School Nurse, together with the Infant Care Nurse or Supervisor, plan and arrange the supplies and equipment in the Infant Care area before the opening day of school so both are aware of the location of all supplies, equipment, and provisions.

H. Arrangements should be made for the local health officer to inspect the facilities to see that they meet health standards.

IV. Isolation Facilities.

A. In some location in the building a protected space should be set aside to provide for isolation of a sick child until needed treatment may be obtained and the child is brought to his home. Such facilities should include:

1. Bed or cot.
2. Sheets and blankets.
3. Nearby access to handwashing and toilet facilities.

B. The Nurse and Location Supervisor should use their discretion in deciding the best location for such a facility.

ALLOCATED MEDICAL FUNDS

Migrant's Incorporated allows an established amount of money for medical care per child in Head Start, Elementary, and Infant Care. Funds vary from year to year. The Migrant School Nurse should check with the Location Supervisor concerning the funds allocated for the present year. All medical supplies, prescription medications, and professional examinations are to be purchased as part of the total medical expense.

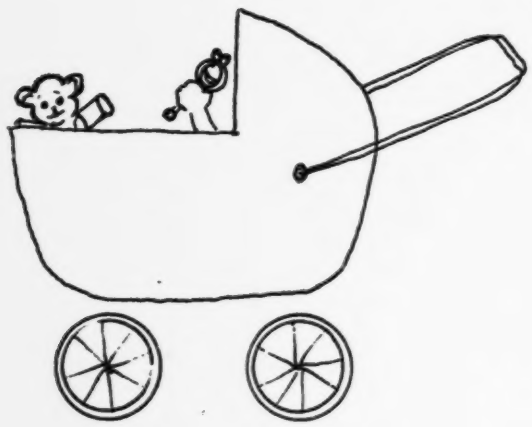
GETTING STARTED

In order to be realistic, your plans for the first week should include nothing more than getting acquainted and settled. With an influx of new children each day as they arrive in the area, new problems, new diseases and ailments, chaos all too often reigns supreme! But hold on – all will soon be running smoothly.

"ENTRANCE EXAMS"

One of your first considerations should be that of examining each child as soon as possible upon their first arrival in school. (Such precautions take time but may avoid the spread of measles, mumps, chicken pox, and the like!) This also affords an opportunity for you to get to know each child.

Careful observation is all that is basically necessary, especially for school age children. You may then visit with them, make them feel welcome, and introduce the nurse as their friend. Children in Infant Care and Head Start programs require a more thorough examination such as checking their eyes, throat, and skin particularly. Exact degree of examination is left to your own professional preference.



INFANT CARE

As pointed out in Migrant's Incorporated's goals and priorities, Infant Care is to provide health care such as immunizations, physical examinations, nutrition and developmental exercise, along with educational development in language and social interaction with non-family peers.

Specific objectives include providing care for the migratory children while their parents are working in the field, providing education programs to insure their full opportunity to progress in the public institutions when they reach that age, and to permit school age siblings to attend school. These children would otherwise be caring for the Infant Care children at home.)

As mentioned previously, it has been suggested that the mothers of the children in Infant Care be required to accompany the children to school on the first day in order that information may be obtained about each child. Such steps may require much time and involve much confusion, but will be worth it later on in caring for the children.

It is hoped that a Spanish-speaking aid will be available in Infant Care for interpretation. Such a person would be of assistance not only in communicating with the toddlers, but also in communicating with the mothers when they come to school. Children should be encouraged to speak English, however, as much as possible.

In order to take good care of the children, the Infant Care personnel should be aware of the normal characteristics of growth and development in a child. Proper stimulation, care, and activities can then be provided. The following is a brief summary of the Child Development Chart of the Minnesota Department of Health, to assist you in understanding and caring for these children. Keep in mind, however, that these characteristics are those derived from lots of children, and that each child is a unique person.

CHILD DEVELOPMENT CHART

FIRST DAYS OF LIFE

What He Is Like As A Person

Cries when hungry or uncomfortable. Completely dependent. Sleeps most of the time.

What Helps Him Grow

Complete physical care with cuddling. (This continues to be true throughout babyhood.) Fed when hungry, until he sets his own schedule. Needs orange juice daily throughout life.

ONE MONTH

What He Is Like As A Person

Aware of mother, soon may respond to her by smiling. Makes throaty sounds. Follows near objects for short distances with eyes. Pays attention to voices. Enjoys bath.

What Helps Him Grow

Fresh air and sunshine. Protection from open safety pins and possibility of falling. Make it a habit always to leave crib sides up.

FOUR MONTHS

What He Is Like As A Person

Smiles, laughs, makes voice sounds, moves body to show pleasure at approach of persons he recognizes. Reacts to tones of voices. Likes to play with rattle and dangling toys.

What Helps Him Grow

Thrives on being a loved member of a family group. Protection from rolling off bed or table. Playpen. New foods introduced gradually. Cup soon.

EIGHT MONTHS

What He Is Like As A Person

Shy of strangers. Makes sounds and imitates. Amuses himself for longer periods. Explores everything within reach. Puts objects and hands in mouth. Throws toys on floor and laughs at noise they make.

What Helps Him Grow

Chopped foods introduced gradually to accustom him to this texture. With loss of interest in bottle, offer cup and foods he can handle himself. Let him use both hands or either hand. Toys: soft ball, light blocks, doll, stuffed animal and playthings that make noise. One or two playthings at a time. Anything he handles should be large enough so he cannot choke on it and not have small parts that come off. Never leave alone in tub.

ONE TO TWO YEARS

What He Is Like As A Person

When he enters this period, he is imitating "bye-bye" etc. Begins by saying a few simple words and keeps on adding. Uses single words and sometimes short sentences. Girls generally talk earlier than boys. Again may be shy of strangers. Does not demand as much attention. Plays alone contentedly for short time. Explores body. Enjoys putting objects in and out of other objects.

What Helps Him Grow

Avoid baby talk now. Give chance to handle and explore things. Put out of reach things he should not handle. Should be watched always but allowed to entertain himself quite a bit of the time. Let him use hand he prefers. Give chance to be outdoors for play, brief walks, rides.

TWO TO THREE YEARS

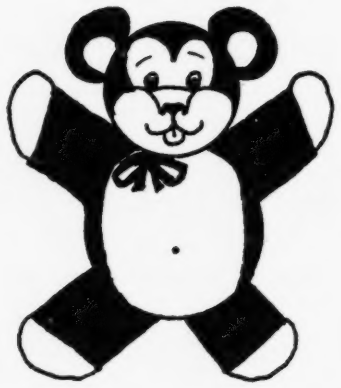
What He Is Like As A Person

Likes everything done the same way every day. Very active, wants to be independent and to do things for himself in his own way. Is balky, has hard time making up his mind and is likely to change it quickly. Shows flashes of temper and changes of mood. Imitates adult activities, plays beside children his own age, but not with them. Not yet able to share. Enjoys water play. Demands attention to prolong process of getting settled for night. Understands more than he can say.

What Helps Him Grow

Daily routines kept as much as possible. Don't hurry him, encourage him, don't interfere too much. Needs affectionate handling and sometimes a little "babying." Avoid "No, no" when possible, substituting something he may do. Physical control required at times but words sometimes work. No long explanations. Example of adults is important. Meals to include most foods on daily menu. Toys: push and pull toys, toys that imitate household activities, building blocks. Outdoor play: sand pile, large blocks or smooth boxes. Should not be forced to lend or give. Some opportunity to be with other children. Begin to teach him not to run out into the street, but continue to watch him.

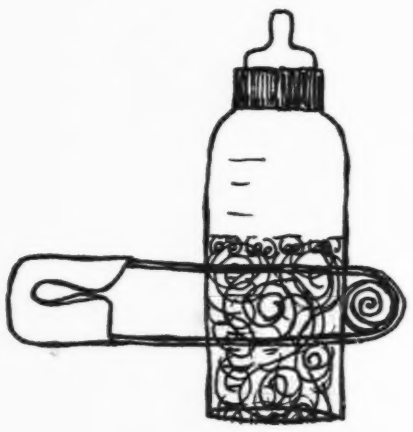
The book "Guide for the Care of Infants in Groups" by Sally Provence, M.D. will be given to all Infant Care Nurses or Supervisors for additional reference and information. An Infant Care Packet is also available through Migrant's Incorporated.



Toys needed in Infant Care were listed earlier and in the chart immediately preceding. But for handy reference here is a list of the toys that should be available in Infant Care for children from infancy to three years:

1. rattles
2. soft, small rubber or cloth toys
3. push and pull toys
4. picture books
5. blocks
6. crayons and paper
7. broom
8. telephone
9. pots and pans
10. dolls
11. plastic or wooden train
12. table and chairs
13. blackboard and chalk
14. blunt scissors
15. colored paper for cutting.

Good communication should be established between the Migrant School Nurse and the Infant Care personnel. If you work together, much can be accomplished. Teamwork requires each person to be aware of his own duties and the responsibilities of the rest of the staff. The following are suggested job descriptions.



NURSE'S RESPONSIBILITIES FOR INFANT CARE

1. Acts as an "overseer" of the Infant Care Room, if possible. (In some locations, one nurse is in constant attendance in Infant Care, while another nurse handles the rest of the

children. The Infant Care Nurse would then have the additional responsibilities given under "Infant Care Supervisor." In other locations, depending upon the individual situation, much of the nurse's time is required in the Infant Care Room.) You will have to determine independently how to handle your own situation. However, the lone nurse should **not** be required to spend the majority of her time in the Infant Care Room.

2. Is responsible for in-service training of Infant Care personnel.

3. Inspects the children for illness every morning.

4. Observes the Infant Care Rooms to see that sanitary conditions are maintained.

5. Administers medications according to physician's orders.

6. Sees that appropriate toys and equipment are provided for the children.

7. Determines correct formula for babies on basis of mother's information or consultation with the physician.

8. Sees that proper physical and emotional care is provided for the children – including giving a demonstration bath for the Infant Care Supervisor and Infant Care Aids early in the program.

9. Sees that proper discipline is provided.

INFANT CARE SUPERVISOR'S RESPONSIBILITIES

Your contribution to our program is of great significance. Under your charge the deprived children need all of the love and physical care you can give. May you truly enjoy this experience and find great satisfaction in having done your part.

1. Sees to the physical comfort and care of the children assigned to her. (This would also include talking to the mothers on the first day of school to learn about the child's diet, habits, and so on.)

a. **Bathing** children as necessary. (It will be handy to have a table with padding, plastic tub, and a tray or box with all the necessary supplies in it nearby. Be sure the bath water is not too hot, and that safety pins are closed and out of reach.)

b. **Feeding** the appropriate foods. Check with the Migrant School Nurse on this. (It might be well to dispose of the formula that arrives with the children in the morning in their own bottles, clean these bottles thoroughly, label them, and put in fresh formula.)

c. **Keeping the children clean and dry.**

d. **Seeing that the children get naps.**

e. **Sees that children have toys** and playthings according to their age and development.

f. **Supervises the Infant Care Aids and Volunteers** – possibly making daily assignments of children to certain people to see that the children get the above care in the proper manner.

2. Directs the Infant Care Aids and Volunteers under her supervision in relation to the children and their activities.

3. Keeps attendance and other necessary records for each child.

4. Sees that toys and equipment are kept clean and sanitary.

5. Observes children for possible signs of illness.

6. Sees that children are held, talked to, and handled consistently when being cared for, bathed, or fed.

7. Assists Migrant School Nurse during examinations.

8. Assists in getting snacks and lunches for children, or designates responsibility to an Aid or Volunteer.

9. Sees to the safe departure of the children on the bus.

To avoid accumulations of soiled cloth diapers on children in the morning, a disposable diaper may be sent home each day with instructions to put the disposable diaper on the child before he or she comes to school the next morning.

Extra clean clothes for children are usually available through contributions of local people. These clothes may be used when "accidents" occur, or when the child arrives in very soiled clothes, he may wear these while his soiled clothes are being laundered. To avoid loss, each child's clothing can be pinned together when laundered. Labeled hooks or cubicles should also be provided for each child's clothing and personal belongings.

INFANT CARE AIDS' AND VOLUNTEERS' RESPONSIBILITIES

Your contribution to our program is invaluable. It is because of your faithfulness and willingness to help that these children are well-cared for in the manner described herein.

Relax, love, and enjoy these children. The reward and satisfaction of knowing you have done a worthwhile job well – is all your own.

1. Assists in carrying out the routines and activities of the program as planned and directed by the Infant Care Supervisor.

   a. Bathing children.
   b. Feeding children.
   c. Keeping the children clean and dry.
   d. Seeing that the children get naps.

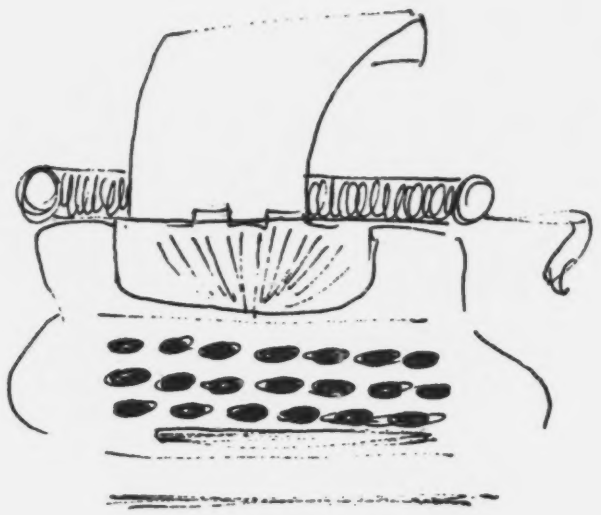
2. Assists in keeping the toys and equipment clean and sanitary.

3. Assists with snacks and lunches.

4. Prepares children for the return home.

5. Picks-up and cleans-up. Sees that the activity areas are neat and clean at all times.

6. Washes soiled clothing, if necessary, as directed by the Infant Care Supervisor.



NURSE ASSISTANT

Plans are now being made for each Migrant School Nurse, if she deems it necessary, to have a Nurse Assistant under her jurisdiction to aid in providing health care to the Migrant School children. If such an assistant is employed, her suggested job description is given below.

It is the Nurse Assistant's duty to aid the Migrant School Nurse in providing health care to the migrant children. What you have to do is very important. You are the arm of the Nurse. Many things may happen that require her attention, yet she can't be everywhere at once. It is then your duty to assist her as she requests. Some of the possible tasks you may assist her with are listed here. Yet, keep in mind that each location and situation is unique in itself – providing for possible additions or variations in your job description as given below. The Migrant School Nurse will thoroughly explain each task she wants you to do. If you do not understand, do not be afraid to ask her again – always be sure of what you are doing and why you are doing it.

1. Assist the Migrant School Nurse in preparing for various examinations and tests.

   a. Help obtain and arrange supplies and equipment.

   b. Fill out forms for the examinations and tests.

   c. Take weights and heights of children as directed.

2. Prepare formula for Infant Care, if necessary, as directed by the Migrant School Nurse.

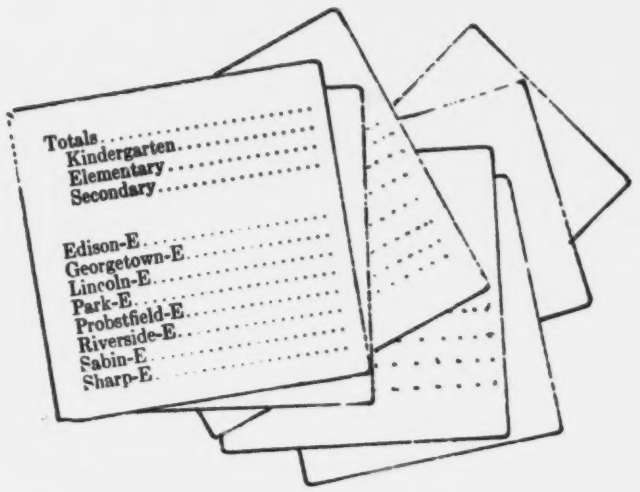
3. Assist the Migrant School Nurse during examinations and tests.

   a. Run errands.
   b. Assist with the testing.
   c. Help record test results.

4. Assist the Migrant School Nurse in maintaining health records and forms.

5. If possible, transport children for examinations or follow-up care, as directed by the Migrant School Nurse.

6. Act as interpreter, if possible.



RECORDS

Migrant's Incorporated is trying to decrease the amount of necessary paper work that had previously taken much of the Migrant School Nurse's time. Yet, there are still some records that must, of course, be kept.

1. MEDICAL HISTORY AND PHYSICAL EXAMINATION SHEET.

The medical history should be obtained as soon as possible when the program begins, either by home visits from a staff person or by having the mothers accompany the children to school on their first day of the program. Be certain to ask the children to bring any health records to you at school as soon as possible, and reassure them that the cards will be returned.

It is always difficult to obtain this information if no personal health records are maintained by the migrants. These people often do not understand the characteristics or differences between diseases or immunizations. The best advice we can give is to do the best you can . . . Progress is being made, however, all over the country to establish and maintain personal health records for these people to take with them. Each year more children have pocket health cards.

The Medical History and Physical Examination form is on a carboned sheet so that one copy may be sent on to the next migrant program this child will attend, and one copy may be kept in the Migrant School Nurse's file for her own reference. In this way, up-to-date medical information can be kept and sent along from program to program to avoid duplication of medical services. These forms will be sent out directly from your location rather than in to Migrant's Incorporated headquarters to avoid needless delay in arriving in the next area.

The physical examination section will, of course, be filled in later.

All of the information on this sheet will form the basis of each child's medical record for the Migrant School Nurse's file. By simply folding this form in half to make a "pocket," other forms, cards, and test results may be placed in, clipped to, or stapled to this pocket

– and you have a complete medical record without needless transferring of information. These records may then be filed alphabetically, according to group, class, or family – whichever the Migrant School Nurse prefers.

2. **POCKET HEALTH RECORDS PHS-3652.**

Hopefully, some of the children may arrive in school with these records. Remind the children and their mothers to send these records to the school so that you may see them, as soon as possible.

Records must be made for those children who have none. It is the Migrant School Nurse's duty to see that these pocket health records are established, but she may certainly delegate the task of transferring information to the Nurse Assistant or the School Secretary, if she is available.

These records are then kept and made up-to-date during the program. At the end of the program, the cards should be sent home with each child along with a note to the mother explaining the importance of this record in keeping her child healthy. She must be reminded to keep these records where she knows they will not get lost, and take them with the family to each location!

If children are absent from school the day the pocket health cards are returned and no family member is present to take the card, notify the Migrant Health Project Nurse or Public Health Nurse and she will perhaps be able to deliver them.

3. **VISION AND HEARING, AND DENTAL SCREENING FORMS**

In Minnesota –

The headings of these two forms are to be completely filled in before the screening takes place. These forms are on carboned paper, so that one form may be kept by the Migrant School Nurse for each child's record, and one copy given immediately to the Migrant Health Project Nurse after completion of the screening process. The third copy of the dental form is kept by the examining dentist.

In North Dakota –

The forms for screening have not yet been established at the writing of this manual.

4. **EMERGENCY AND REFERRAL FORM.**

This form is a record of all emergency and referral care. One form is to be completed for a child each time a referral, emergency, or medical service is given beyond the regular examinations. The original form is to be kept in the child's medical record, and a carbon copy sent in to Migrant's Incorporated headquarters.

5. **HEALTH PROGRAM CONTROL SHEET.**

Only a suggested help, this sheet can be used by the Migrant School Nurse in organizing her examinations and follow-up care.

6. **REFERRAL SLIP.**

A referral slip on each child is sent to the next location the child will attend. Information concerning referrals or follow-up care still not completed, examinations and care given, and any recommended follow-up care is listed on this sheet.

DAILY ROUTINE

It may prove helpful for some of you to have a suggested daily routine to follow. Each of you will, however, soon find a schedule that is suited for your individual program and situation.

The following suggestions are offered:

"ROUNDS"

Perhaps "rounds" to each of the groups of classes should be made first thing every morning. This will enable you to get to know the children, and thus allow the children to feel they are familiar enough with the nurse to consult her if necessary. Any illness or disease condition can then be observed. (Since children may become ill later in the day, continuous observation should be employed by the teacher also.) The best time for "rounds" will have to be arranged with the co-operation of the Migrant School Teachers.

Careful inspection of the Infant Care and Head Start children will also be conducted at this time, including observation of their eyes, throat, mouth, skin, and general appearance. Observation should also detect possible signs of listlessness, pallor, flushing, spots, runny nose, loss of appetite, and unusual behavior. The Migrant School Nurse may also check to see if sanitary conditions are maintained, appropriate physical and emotional care are being provided, and if the Infant Care Supervisor has any questions concerning care of the children.

FIRST AID

Any required first aid treatments can be administered during rounds also, or the students needing care may be asked to report to the Migrant School Nurse's office at a later time.

All first aid care should be offered with a complete and simple explanation of what is being done and why it needs to be done. If feasible, the child should then be asked to complete his own care under the Migrant School Nurse's direct supervision, thus enabling him to better retain this information and skill.

MEDICATIONS AND TREATMENTS

Medications ordered by the physician for individual children (such as iron and antibiotics) and treatments should also be given during rounds and repeated as necessary. Another approach may be for all children needing medications or treatments to report to the Migrant School Nurse's office at the proper time or times during the day.

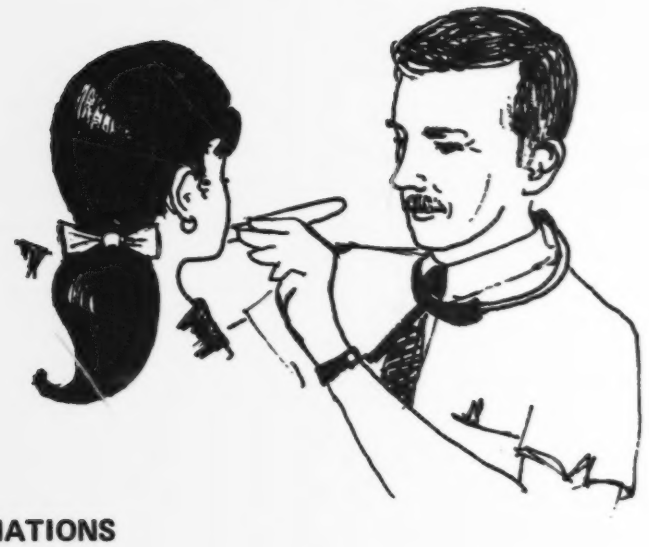
It might be wise to obtain a basket, box, or kit of some sort in which supplies and medications may be carried.

BATHS AND SHOWERS

The provision of baths and showers for the migrant school children varies in each location. Some schools require showers twice a week, some once a week. How often your children bathe is left to the discretion of the Location Supervisor and the Migrant School Nurse. Care must be taken to maintain an attitude of providing showers for these children as a service, since they often "don't have showers at home – and you know how important it is to keep clean." They should **not** be made to feel that they must take showers because they are filthy, dirty children! (Even if some of them are!) Migrant parents are greatly insulted at the insinuation that they are "dirty." Migrant School Teachers, Aids, and the Migrant School Nurse should direct, assist, and tactfully observe the children during the showers.

By this time, most of the Migrant School Nurse's day will be over. The remainder of the day may be spent with records, first aid care, and in making arrangements for examinations, clinics, referrals, or follow-up care.

MEDICAL SERVICES



PHYSICAL EXAMINATIONS

1. Preparing the Children.

   A few days before the physical examinations are scheduled, the Migrant School Nurse and Migrant School Teachers should together make plans for preparing the children for the examinations. "My Friend, the Doctor," a booklet by the David C. Cook Publishing Company, is excellent for the Head Start children.

   The migrant children should understand that the physician is a friend. They need to know just what he will do, how, and why. Advance explanations such as this will produce greater co-operation during the physical examination and better understanding of the importance of keeping healthy.

   Perhaps the Migrant School Nurse and Migrant School Teacher can obtain some of the equipment that will be used (or find "pretend articles") – and give a demonstration on how the examination will be conducted. Dramatization and humor can be involved in the "Pretend Clinic," producing a relaxed atmosphere.

2. Pre-Physical Laboratory Procedures and Tests.

   Urinalysis procedures should be conducted before the physical examination. This may be accomplished simply and efficiently with "Combistix" test sticks, if this method is satisfactory to the physician. "Combistix" may be obtained from the physician or local drug store. Paper cups labeled with each child's name will also be needed.

   A thorough explanation to the children is necessary so they completely understand what is expected of them. (Some children may not give a specimen until the next day.)

   The Nurse Assistant can help by recording the results as the Migrant School Nurse does the testing.

   Measurement of weights and heights should also be completed and recorded before the physical examinations. Assistance may be obtained through the Nurse Assistant, Teachers, and Aids.

It has been suggested that if tuberculin testing is to be done, it should be completed entirely before the physical examinations, or scheduled for reading of the test results on the actual day of the physical examination. This would provide the physician with this information also.

Testing of hemoglobin should be done on the same day as the physical examinations or completed beforehand, according to the physician's preference.

3. Facilities and Equipment Needed.

Area for Hemoglobin Testing.

A. This area should be near a sink and running water.
B. One or two tables, covered with a clean sheet or white paper should be provided.
C. Waste basket.
D. Two chairs.
E. Cotton balls.
F. Alcohol.
G. Spot band-aids.
H. The Migrant School Nurse should check with the physician's office nurse about other needed supplies and equipment that may be obtained through the office. (The physician may bring his office nurse or laboratory technician with him to do the hemoglobin testing.)
I. One of the Migrant School staff members who is familiar with the children should be available for recording the results.

Area for Physical Examinations

A. A room or screened off area nearby will be needed for the children to partially undress, as needed.
B. An examination table covered with paper, towels, or a sheet.
C. Screens or some provision for privacy during the examinations.
D. Two chairs.
E. Waste basket.
F. Table for the physician's supplies and recording.

Area for Immunizations

If immunizations are to be given on the same day as the physical examinations, an area will have to be set aside for this also. Supplies and facilities needed are listed on pages 38 and 39.

Staff Members for Assistance

A. Two to five staff members or aids will be needed to get children from the classroom and to see that they are returned in an orderly fashion.
B. One or two staff members or aids will be needed to assist the children in undressing and re-dressing.

Each child should carry his Medical History and Physical Examination form with him.

One manner in which an efficient clinic can be run is to have each child first have his hemoglobin checked, then his physical examination – at which time the physician reviews the child's blood status and orders the needed immunizations, and lastly his immunizations are given. Many other methods may be employed depending upon the individual situation, however.

The Migrant School Nurse should remain with the physician during the physical examinations to assist him, to make the children feel more comfortable and at ease, and to inform the physician of any pertinent medical information on the child.

Children may be sent for physical examinations either in family groups or in classes: girls in one section, boys in another.

All Migrant School Personnel should be aware of the routine to be used for the physical examinations ahead of time.

4. Medical Referrals.

Medications or treatments ordered should be scheduled for school hours if at all possible, so the Migrant School Nurse can administer them. If this is not possible, the physician should make out a referral slip for the Migrant Health Project Nurse or Public Health Nurse so that she can do the care necessary.

If additional medical evaluation and care is needed for a child, the Migrant School Nurse should contact the Migrant Health Project Nurse or Public Health Nurse who has information about the services available and can arrange follow-up care. Crippled Children's Services in Minnesota, for example, provides funds for the following:

A. Orthopedic conditions – a defect, lesion or deformity of the bone, joint, muscle, skin or motor system, except poliomyelitis,

B. Plastic conditions – a defect, lesion or deformity of the ears, nose, mouth, eyelid, jaw or other portions of the face and neck.

C. Heart lesions amenable to surgery.

D. Mental retardation.

E. Cystic fibrosis.

F. Hearing defects.

G. Severe dental handicapping conditions – cleft lip and palate, extreme structural deformity involving growth and development of maxilla or mandible, severe malocclusion or disfigurement resulting from disease or trauma.

H. Other physical handicapping conditions amenable to medical and/or surgical treatment.

Edward Jenner

IMMUNIZATIONS

1. Recommended Immunizations.

   The type and amount of immunizations to be given depends upon the information received concerning prior immunizations. The Migrant School Nurse and physician should together determine what immunizations are needed.

   The recommended immunization timetable is as follows:

FIRST IMMUNIZATIONS

2-3 Months
Begin immunization for whooping cough, diphtheria, tetanus, and polio. Reinforcing dose approximately one year after third DPT dose.

12 Months
Live measles virus vaccine injection.

12-24 Months
First smallpox vaccination.

Note: Diphtheria and tetanus toxoids and whooping cough vaccine are often given in a single injection.

REINFORCING OR BOOSTER IMMUNIZATIONS

Diphtheria
Booster on school entrance and every 6-10 years.

Measles
Booster not indicated if live virus vaccine is used for first injection. A 14 day interval is recommended between measles and oral polio or smallpox vaccine.

Polio
Booster dose of trivalent oral live virus vaccine on school entrance.

Smallpox
Revaccinate on school entrance and every 6-10 years.

Tetanus
Booster dose on school entrance and every 6-10 years, and in case of injury.

Whooping Cough
Booster dose on school entrance.

***

2. Obtaining Biologics.

In Minnesota, the physician will have information concerning free biologics available from the State Department of Health, and how they may be obtained. He may wish to order them directly from his office, or the Migrant School Nurse can order the necessary supplies herself with the physicians approval.

In North Dakota, biologics will be ordered by the local Public Health Nurse.

The following information should be given for all supplies ordered:

A. Plan for medical participation. Biologics are not sent out unless there is approval by the local physician.
B. Program plan – number of persons to be innoculated and number of doses. That is, the number having their first series (1-2 doses) and the number having their booster (1 dose).
C. Kind and type of biologics desired. Example:
DPT-adult or pediatric
D. Give the **specific date** biologics are to **reach the community.**
E. Name and address of the person to whom biologics are to be mailed.

Be sure to state doses rather than a certain number of vials, packages, etc. because materials are packed in various sizes and dosages.

Refrigeration is necessary for temporary storage of the biologics.

Unused materials (if in an appreciable amount) should be returned as soon as the program is finished to the State Department of Health.

Smallpox vaccine is mailed packaged in dry ice. It **should be kept in freezing temperatures until used.** Potency is lost if allowed to warm up.

3. Facilities and Equipment Needed.

The following are suggestions only, as there are other ways of organizing clinics that are just as satisfactory.

Suggested supplies:

A. Two tables covered with clean sheets or paper.
B. Disposable 2 cc. syringes.
C. Disposable needles.

D. Biologics.
E. Vaccination needles.
F. Cotton balls.
G. Alcohol. (a colored disinfectant may be used if desired, as it clearly indicates the cleansed area.)
H. Acetone for smallpox vaccinations.
I. Containers for waste.
J. Band-aids.
K. Staff person to inform nurses of the immunizations needed and to record immunizations given.
L. Screen (it is advisable to screen off the area where immunizations are given.)
M. Two to four volunteer nurses to assist in "loading" syringes and giving injections.
N. Staff person to swab arms.
O. One or two staff persons to call children and keep lines moving.

Be sure to arrange for an even flow of traffic.

It may be wise to send notes to the migrant mothers after the immunizations explaining **very simply** that her child has been given immunizations to **protect** him from contacting certain terrible diseases and getting very ill. It should be stressed that some children have a fever or feel slightly ill and irritable for a few days after immunizations and that this is **entirely normal.**

4. Repeat Immunizations.

Repeat DPT immunizations for children who have not completed their first series may be given four weeks later. Other needed immunizations not given during the first clinic may also be given at that time.

If a Migrant Health Project-Family Health Center is located nearby, follow-up and repeat immunizations may be given at the Migrant Health Project-Family Health Center if arranged through the Migrant Health Project Nurse.

All immunizations and examinations need to be recorded on the Migrant School Nurse's records, and the Pocket Health Records.

5. Tuberculin Testing.

If only a few tuberculin tests are needed, arrangements should be made with the local health officer. Such testing may be conducted by the Migrant School Nurse or in the physician's office.

In Minnesota, the Respiratory Health Association provides teams to do tuberculin testing if massive testing is necessary. If a need for large scale testing in the Migrant School is apparent (20 or more tests), it may be arranged by contacting the Minnesota Respiratory Health Association, Christmas Seal Building, 614 Portland Avenue, St. Paul, Minnesota 55102.

The following information should be given:

A. Exact location of testing site.
B. Tentative dates for testing and reading of results.
C. Request methods for obtaining PPD-S.

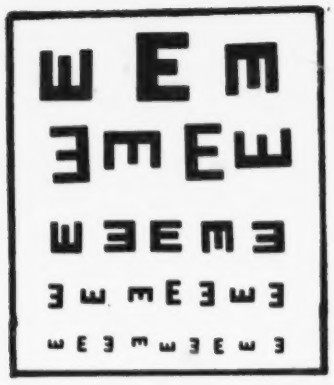
If at all possible, a team will be sent. (Nurses doing Mantoux testing will bring cotton balls, needles, and syringes.)

In North Dakota, arrangements for Mantoux testing are made through the Public Health Nurse. She will arrange for testing and assist if possible.

REFERRALS:

If X-Rays are needed, Migrant's Incorporated and the Minnesota Respiratory Health Association will provide funds for such examinations.

If referrals and home visits are needed they are handled by the Migrant School Nurse and the Migrant Health Project Nurse in Minnesota or the Public Health Nurse in North Dakota. If time allows, the Public Health Nurse or Migrant Health Project Nurse will handle follow-up care – otherwise, she will assist the Migrant School Nurse in arranging for follow-up care.



VISION AND HEARING SCREENING

1. Preparing Children.

   Before vision and hearing screening are conducted, the migrant children should be prepared for what will take place to avoid confusion and fear of the procedures during the actual testing.

   Vision testing will be done with the Snellen "E" chart using a card to cover each eye separately. Children will indicate with their arms or hands the direction of the "legs" on the "E's." Testing will be done with the glasses on if the child has them. Children ages 5 and 6 will also be given muscle balance tests including one where the child wears glasses with one red lens and one green lens and is asked to count the dots on the end of a flashlight. Tests for color blindness will be conducted on each eye by asking the child to read numbers on a card of colored dots.

Hearing scr[illegible]e done with an audiometer. Earphones will be placed on the child ("like an a[illegible]") and he will listen for sounds or "beeps." There will be high tones and low tones. He will be asked to indicate he has heard a sound by raising his hand. The children should be very quiet and listen carefully.

"Practice Sessions" may be accomplished by placing a large "E" in different positions at the front of the room and asking the children to indicate with their arms or hands the direction the "legs" are pointing. Hearing "practice" can be done with the use of ear muffs and a child to make "beep" sounds, a piano, or someone to whistle the different tones. Tell the children they will play a game – and avoid using the word "test" for either procedure.

2. Testing in Minnesota.

The Minnesota State Team for Vision and Hearing will attempt to test all children from the age of five and above.

The following are essential in conducting the program:

FACILITIES –

Hearing – If possible, three rooms, or less if necessary in the quietest possible location and as near to the rooms used for vision screening and dental exams as possible. The main requirement is QUIET. Suggestions would be library or band practice rooms. The rooms should be removed from toilet facilities, fans, or other mechanical noises, be equipped with desks or small tables and chairs, and have sufficient outlets or extension cords. Usually three audiometers are used in each school.

Vision – A room or rooms, well-lighted and at least 20 feet in length. Plans are to have three visual acuity lines set up using the illiterate E chart. A table (or desk) and chair should be available for each line. Another table should also be available for accomplishing the muscle balance tests.

PERSONNEL –

Technicians – A technician will be supplied to select facilities, train and supervise volunteers, and generally operate the program.

Volunteers – Present plans would require 14 volunteers for each school. This is considering three for hearing testing, six for visual acuity, two for muscle balance testing, two runners who would go to the rooms, instruct the children and bring them to the testing locations, and one to record results.

Interpreters – It is essential to have two interpreters available at all times during testing. This would allow for one in each, both the hearing and vision testing areas. It is also recommended that one of these be available the day prior to the testing for purposes of conditioning the children.

EQUIPMENT –

The Department of Health will supply the necessary equipment to accomplish the vision and hearing screening.

Each child should carry his own form with him for the tests.

Waiting lines should be outside the testing rooms, and quiet should be maintained.

At the completion of the screening at each school, the examining team will provide the nurse with the results. Repeat examinations will follow one to two weeks later for all children not having completely normal test results, and those children not present for the initial testing.

Children not having normal results on repeat examinations are to be referred for a professional examination. The responsibility of follow-up care will be assumed by the Migrant School Nurse.

One copy of the test results is to be kept by the Migrant School Nurse, and one copy given immediately to the Migrant Health Project Nurse.

VISION REFERRAL –

The Migrant School Nurse is to refer these children to the local optometrist for a professional examination. If eye glasses are needed, arrangements should be made with a local organization for payment or donation of eye glasses if possible. If such arrangements cannot be made, Migrant's Incorporated will provide funds for payment.

HEARING REFERRAL –

The Migrant School Nurse should refer all these children to the Migrant Health Project Nurse or Public Health Nurse who will arrange for a professional examination and follow-up care.

3. Testing in North Dakota

Vision testing in North Dakota is done by the Migrant School Nurse.

FACILITIES NEEDED –

A well-lighted room or rooms at least 20 feet in length will be needed along with 103 Snellen "E" visual acuity charts. Cards will also be needed for covering the examinee's eye.

PERSONNEL NEEDED –

Six to nine volunteers will be needed for conducting the tests, recording results, and getting and returning children to their rooms.

Hearing testing is arranged and often done by the Public Health Nurse.

FACILITIES NEEDED –

A room in the quietest possible location is needed. The main requirement is QUIET. Suggestions are library or band practice rooms. The rooms should be away

from toilet facilities, fans, or other mechanical noises. A desk, table and chairs, and a nearby outlet or extension cord will be needed.

PERSONNEL NEEDED –

One person will be needed to record the test results, and two people to get the children, keep them moving, and return them to their rooms.

Waiting lines should be kept outside the testing rooms, and quiet should be maintained.

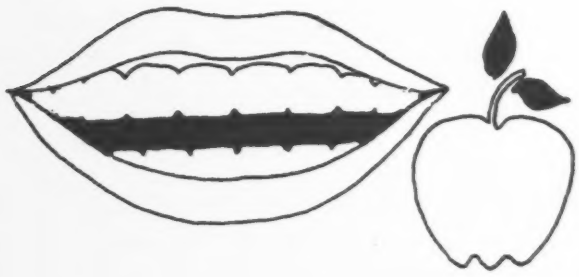
All results must be recorded in the nurse's records and on the pocket health card.

Repeat examinations should follow for those children not having completely normal results or who were absent during the initial examination.

REFERRAL –

Children not having normal results on repeat examinations are to have a professional examination arranged by the Migrant School Nurse or Public Health Nurse.

If eye glasses are needed, arrangements may possibly be made with a local organization for payment or donation of eye glasses. If such arrangements cannot be made, Migrant's Incorporated will pay for the eye glasses and examination.



DENTAL EXAMINATIONS

1. Preparing the Children.

   The migrant school children should also be prepared for the dental examinations. A few pieces of equipment may possibly be obtained from the local dentist to facilitate a "look" in the child's mouth to demonstrate what the dentist will do.

   (If dental screening is done by the Migrant School Nurse or by the physician during the physical examinations, adequate explanations should also be given in advance.)

   Such preparation will enhance co-operation and relieve fears.

2. In Minnesota.

FACILITIES AND PREPARATION –

The dental forms will be prepared in triplicate which will require no carbon paper for duplication. The forms must be completed prior to the time of the examinations by the teacher. One copy is to be kept by the Migrant School Nurse, one by the Migrant Health Project Nurse, and one copy by the examining dentist.

Those children who have not had the required form prepared for them prior to arrival of the staff cannot be considered for examination. It is not expedient to attempt to do this at the time of the examination.

The Section of Dental Health will need one room, 20' x 20' or larger, for two examination teams: the room should have adequate lighting, conveniently placed electrical outlets, and a nearby water supply.

Four volunteer workers are required: one to act as runner – bringing groups of children to the examination room and returning the children to the classroom; the second volunteer to act as an interpreter, since many of the younger children do not understand English. The other two volunteers will act as recorders for the two dentists.

One person should be designated in each school, preferably the Migrant School Nurse, with whom the team can co-ordinate its activities and the Vision and Hearing Section's activities with the school's schedule. This person must be cognizant of their arrival time and their needs so that their time and the school's time will not be needlessly wasted. She must be present at all times including the time of their arrival. She must understand and be responsible for the total operation.

The nurse co-ordinating these activities in each school will be responsible to see that the rooms are available at the time asked for, and that the volunteer help requested is present at the school at the time specified on the schedule. At the beginning of the examination day the nurse in charge will inform us of the total number of classrooms to be examined. This will eliminate the possibility of overlooking any classroom.

It would be helpful to the Department of Health Staff if they were able to call the nurse in charge when they arrive at the examination site. In some instances this will be the evening previous to the scheduled examinations. This would require each nurse to include her home phone number as well as her duty phone.

The examining teams hope the principal or director of each school will be farsighted enough to have their regular classroom schedule as flexible as possible on the day of the health survey so that their needs will be reasonably well met with a minimum loss of time to all concerned.

3. In North Dakota.

   A State Dental Examining Team may be available in North Dakota for the Migrant Summer Schools.

   (Necessary forms and equipment were not yet determined at the time this manual was being written.) However, each location will be notified of their requirements. It is assumed that the necessary facilities and equipment will be quite similar to those of the Minnesota State Department of Health's Dental Team.

If a State Dental Examining Team is not available, dental examinations will have to be conducted by the physician during physical examinations, or by the Migrant School Nurse – as in previous years.

4. Dental Referrals.

   Follow-up care should be obtained from the local dentists. (Arrangements for such care should have been made prior to the opening of the Migrant Summer School, as suggested earlier.)

5. Post-Extraction Care.

   For the Migrant School Nurse's general information and review, the following considerations should be remembered about post-extraction care:

   A. Good oral hygiene should be maintained.

   B. Soft foods should be eaten for the first few days to assist the healing process until solids can be eaten comfortably.

   C. Cold applications can help decrease pain and swelling if begun immediately after the extraction.

   D. Reduced activity helps reduce bleeding and permits the formation of a clot.

   E. The mouth should not be rinsed for 20-24 hours after extraction to allow healing.

EMERGENCY CARE

First-Aid.

Should an emergency arise, the Migrant School Nurse will be immediately summoned. As a Registered Nurse, she will be prepared to provide adequate care. A Red Cross First Aid Manual is provided for her reference, however, and for the reference of the Migrant School Staff.

As mentioned previously, the Migrant School Nurse should obtain the physician's telephone number before the program begins and post it near the Migrant School telephone.

An injury incurred by a child in the Migrant School is covered by insurance with Migrant's Incorporated.

Illness.

If a child becomes ill in school, the Migrant School Nurse will have to decide what steps should be taken according to the situation. The physician may have to be summoned, the child may have to be isolated, hospitalized, or returned home. Consideration must be given to the child and the fact that the presence of an adult is needed more than ever during illness. Since inadequate, even dangerous circumstances may exist at home with the parents out working, it may be best for the sick child to remain in the nurse's care during the school hours.

Hospitalization.

If hospitalization is required, the Migrant Health Project Nurse should be informed immediately. The Migrant Health Project Nurse may be able to arrange for provision of funds if forms are completed within 48 hours. (For full financial assistance to be granted, the hospital has to have made an agreement with the Migrant Health Project in advance of the Migrant School Program.) Local welfare programs may also provide financial assistance in Minnesota. In North Dakota, funds are provided by the Local Welfare Department. If the migrant child does not meet the Welfare Department's requirements, funds must be provided by the county and state in a ratio of 20% and 80% of the cost.

Pre-discharge planning is arranged with the hospital by the Migrant Health Project Nurse or Public Health Nurse.

REFERRALS MADE TO OTHER LOCATIONS

The Migrant School Nurses often wonder just how many of the referrals made during a program are actually completed at other locations. The following methods may be employed to obtain such information.

1. From Minnesota.

   In Minnesota, information can be obtained about completed follow-up care and services previously given to a migrant child by checking with the Migrant Health Project Nurse.

Most families working in our area return year after year. Family Nursing Records with all medical information on each family member, including referrals made and referrals completed – are filed and kept in the Migrant Health Project Headquarters.

The Migrant Health Project Nurse can obtain these records on any specific family by simply requesting them from the Migrant Health Project Headquarters.

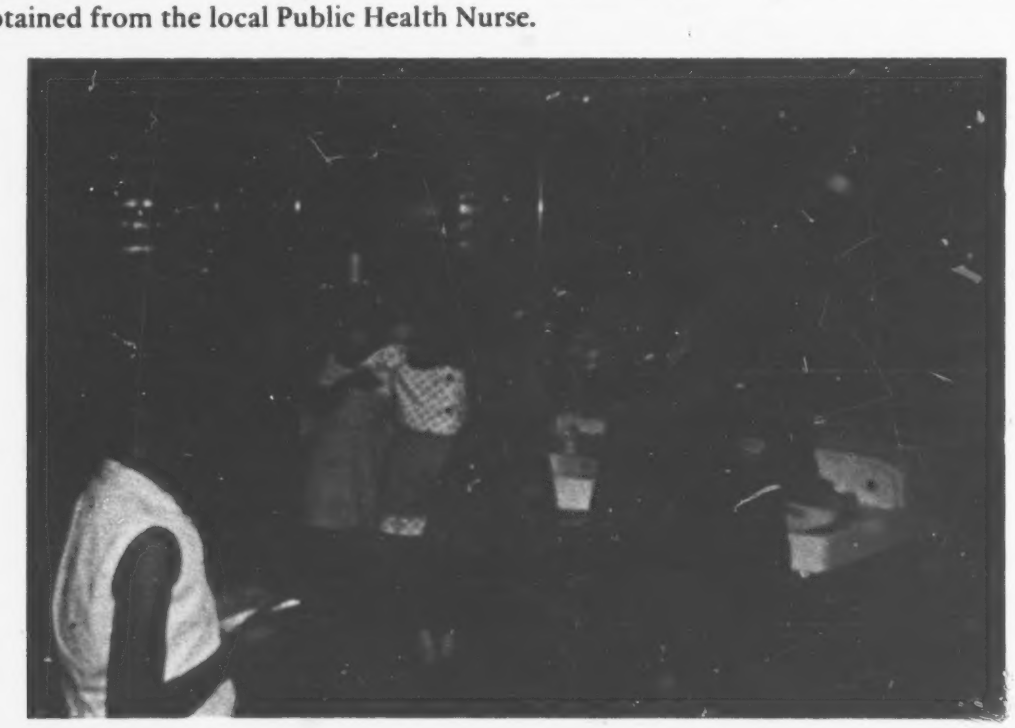
2. From North Dakota.

Information on referral services handled by Crippled Children's Services can be obtained by writing directly to:

Crippled Children's Services
North Dakota Welfare Board
Bismarck, North Dakota 58501

They, in turn, will try to obtain information from the Crippled Children's Service of the state to which the referral was made.

If the Migrant School Nurse is seeking information on previously administered referral services in order to provide more comprehensive care, she should contact the local Public Health Nurse, or the State Department of Health in the area to which the referral was made. Addresses for such departments and assistance in obtaining such information can be obtained from the local Public Health Nurse.



MIGRANT HEALTH PROJECT-FAMILY HEALTH CENTERS

In Minnesota, Family Health Centers are provided in some locations by the Migrant Health Project.

These Centers are usually held in the evening at the local physician's office. Facilities are provided by the physician with the Migrant Health Project Nurse managing the family-oriented clinic. Migrants are seen both for preventative measures (such as physical examinations, immunizations, and pre-natal care) and in illness. No charge is made to the migrant for services.

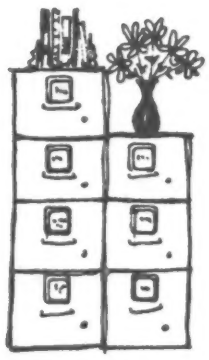
Arrangements are made with the local drug store to remain open for prescription filling.

Referrals and follow-up care are arranged by the Migrant Health Project Nurse.

If no Family Health Center is in the immediate area, and a migrant family is in need of these services, arrangements may possibly be made through the Migrant Health Project Nurse in their area for attendance at a Family Health Center.

Any information obtained on Migrant School children during their visit to the Family Health Center, will be given to the Migrant School Nurse for her records by the Migrant Health Project Nurse.

Migrant School Teachers Section



PREPARING FOR MIGRANT'S INCORPORATED'S HEALTH EDUCATION PROGRAM

Among the Migrant School Teacher's program preparations should be plans for health instruction. Suggested topics and activities are given in these guidelines to provide the Migrant School Teacher with a "starting point." Her own professional discretion will allow her to choose the topics and methods of preparation most suited to her children and their needs. It is wise to establish methods of instruction early so that necessary materials can be ordered in sufficient time.

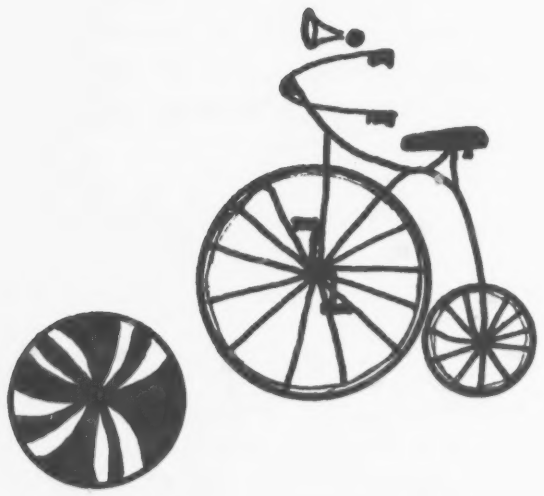
Keep in mind that children remember first what they do, next what they see, and last what they hear.

Many films, filmstrips, posters, and pamphlets are available for the Migrant School Teachers use. Methods of obtaining audio-visual materials are given in the Appendix. Orders should be placed as early as possible to be certain of their availability when needed.

The Migrant School Nurse is always available for help, consultation, and assistance. She is a valuable health resource person for the Migrant School Teacher.

Mexican-American children have many talents and ideas that can be used in health education if the Migrant School Teacher is cognizant of employing such techniques. Games, songs, traditions, and foods are all examples of unique aspects of their culture.

The value of a "Final Health Program" to both the Mexican-American children and their parents is far-reaching. In order that advance thought and preparation may be given to such a presentation, the Migrant School Teacher is referred to pages 68 and 69 where a more complete suggestion is given.



HEAD START
WORKING WITH PRESCHOOL CHILDREN

Preschool programs are especially important for migrant children. They are often left without parental care while work is being done in the fields. To insure their success in future educational activities, they need educational development programs now. Social interaction with non-family peers is needed if these children are to succeed when they enter public schools. Medical services and education are needed because their parents are financially unable to provide such benefits.

Migrant's Incorporated hopes that educational services will be provided for these children that will include language development, conceptual development, social interaction with non-family and non-migrant peers, educational play experiences, and health examinations, services, and education.

Children from three to six years of age are a real challenge. Teaching them requires warmth, skill, and sensitivity. The Migrant School Teacher in Head Start will need to understand the normal characteristics of children this age in order to work effectively with them. The following paragraphs give normal growth and development characteristics for this age group as taken from the Children's Bureau booklet **CHILDREN IN DAY CARE WITH FOCUS ON HEALTH.**

Three year olds are very responsive to adults. They enjoy adult approval and are very sensitive to expressions of disapproval. Simple errands are fun for the three year old, and he always wants to be included. He is curious about things and people. He is imaginative, talkative, and can wait for only short periods. Some responsibility can be assumed by three year olds for staying within bounds and putting toys away. The three year old plays well alone. Things should be made easier for him – such as low hooks, basins, and so on. Housekeeping toys, outdoor playthings and stories are well received. He enjoys being a "helper" yet still needs reassurance from fears – and should never have anyone make fun of him. The three year old may need reminders to go to the toilet, but he can dress and undress himself, run, jump, and climb. Quiet play may be substituted for sleep at nap time.

The four year old is very active and sometimes frustrating. He starts things and doesn't finish, is bossy, boastful, and quarrelsome but quarrels are short-lived. He is self-assertive, yet plays well with other children. He speaks clearly, laughs, giggles, dawdles, exaggerates, imitates, and is interested in the "why?" and "how?" of things. The four year old enjoys outdoor play, rhythm games, simple stories, rhymes, songs, other children near his age, and "dress up" clothes.

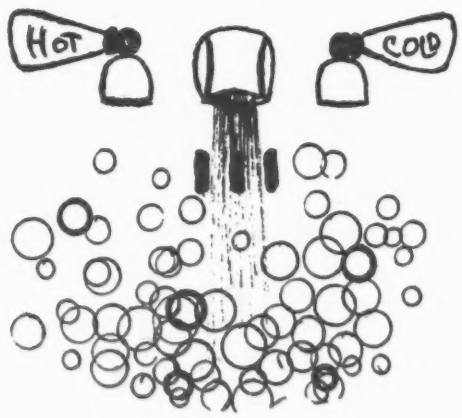
The five year old is less pokey, more interested in carrying things out, has a short attention span, and is very active. He prides in independence and appearance, and rebels if interfered with. The five year old is self-critical, understands rules more, and can amuse himself alone. Materials for cutting, pasting, and drawing are enjoyed along with being able to help with tasks such as clearing the table and emptying the wastebasket.

Laughter, drama, suspense, color, and fun are very effective ways to reach children in this age group. They are very sensitive to facial expressions and respond to encouragement and interest. Children feel less afraid of "big" adults if they speak to them at eye level.

Health habits are best begun in the preschool years. Through use of the Migrant School Teacher's professional skills, available materials, suggestions offered in these guidelines, and the "Good Grooming Kits" provided for each child, it is hoped that a sound basic knowledge of good health practices can be learned and employed by each preschool child.

Topics + Ideas for Health Education

GOOD GROOMING



HEAD START AND GRADE ONE LEVEL

Things To Learn:

1. To wash before eating, after going to the toilet, after play, and after handling pets.
2. Wash body daily – at home or in school. Use warm water and soap.
3. Brush teeth daily.
4. Comb and/or brush hair daily using own comb and brush. Wash hair regularly.
5. Have clean nails. Do not bite or chew nails.
6. Use toilet properly. Use drinking fountain properly.
7. Get plenty of sleep and exercise.

Suggested Activities:

1. Have daily health talks.
2. Form a "Health Club." Make a poster listing desirable health habits and the names of each pupil. Check daily to see if all habits were done. Have "Health King and Queen" who have best health habits or award prizes to those who give themselves the most complete care.
3. Tell of importance of good dental care. (teeth help in speech, appearance, eating, and keeping healthy.) Infection in teeth can cause body infection.
4. Demonstrate proper toothbrushing techniques. Have pupils return demonstration. (The local dentist may have a large brush and set of teeth for demonstrating proper brushing.) Tell how to care for toothbrush; how to use a cup of water when running water is not available for brushing.
5. Tell how hard and sharp objects damage teeth, and how broken teeth do not mend themselves. (So child understands why not to put things in mouth or bite on pencils, why not to walk or run with objects in mouth, and why not to push someone's head while they are drinking out of a fountain, or not to cause someone to fall.)
6. See that children brush their teeth after meals, or "swish and swallow" with water if they are not able to brush. Tell how apples and carrots help to clean teeth.
7. Have a "party" eating foods that are good for your teeth. (milk and vegetables)
8. Have dentist or hygienist visit classroom and tell about dental care.
9. Have children brush their teeth to music. Make it a game.
10. Use "The Dentist" in **FUN WITH ACTION RHYMES** by Marie Frost.
11. Use "Teaching Pictures" for brushing teeth.
12. Have "monitors" – either aids or pupils to observe children and help them develop good habits. (Washing before eating, after toileting, play, and handling pets, use of drinking fountain.)
13. Use "Teaching Pictures" for washing hands and face.

14. Describe how to bathe. Have children give role play by bathing dolls. Assist children with bathing in shower. Include drying well, using your own washcloth and towel.
15. Use "Teaching Pictures" for taking a bath.
16. Have children comb their own hair, then a doll's hair.
17. Use "Teaching Pictures" for combing hair. Have mirrors available and have "grooming time" each morning.
18. Demonstrate how to clean and care for fingernails and toe nails. (remind to refrain from biting nails)
19. Describe how to wash hair. Demonstrate or have children wash a doll's hair.
20. Explain the importance of sleep. Use "Teaching Pictures" for proper rest, sunshine, and exercise.
21. Use "Good Grooming Kits" for each child with necessary supplies. (toothbrush, toothpaste, comb, brush, shampoo, orange sticks, emery board, tissues, and soap.)
22. Use films and filmstrips available for this age level.
23. Use materials for the overhead projector.
24. Have children make pictures or articles to take home and explain to their parents.

GOOD GROOMING

ELEMENTARY

Things To Learn:

1. Function and care of the skin.
2. Care of the hair.
3. Care of the teeth.
4. Proper handwashing techniques.
5. Need for sleep and exercise.

Suggested Activities:

1. Form a "Health Club." Make a poster listing desirable health habits and the names of each pupil. Check daily to see if all habits were done. Have "Health King and Queen" who have best health habits or award prizes to those who give themselves the most complete care.
2. Have daily health talks.
3. Tell of the importance of dental hygiene: teeth help us eat, teeth are important for appearance and speech, teeth must be brushed after every meal to prevent decay. If decay goes without attention – toothaches result. Sweets left on teeth cause decay.
4. Demonstrate proper toothbrushing. (the local dentist may have a large brush and teeth for this that he may let you use.) Have pupils give a return demonstration. Tell how to care for toothbrush. Show how to use a cup of water when running water is not available for toothbrushing.
5. Tell how hard and sharp objects damage teeth, and how broken teeth do not mend themselves. (So child understands why not to put things in mouth or bite on pencils, why not to walk or run with objects in mouth, and why not to push someone's head while they are drinking out of a fountain, or not to cause someone to fall.
6. See that children brush their teeth after meals, or "swish and swallow" with water if they are not able to brush. Tell how apples and carrots help clean teeth.
7. Have a "party" eating foods good for the teeth. (Milk and vegetables)
8. Have a dentist or dental hygienist visit classrooms and tell about dental health.
9. Demonstrate how to clean and care for nails, and how to complete proper handwashing.
10. Give hints on complexion care for older children. Stress soap and warm water, use of own washcloth and towel, and frequent washing.

11. Tell about the importance and use of daily bath and deodorant. (Migrant's Incorporated will assist by providing showers for the children in school.)
12. Look at a piece of skin under the microscope to view pores.
13. Explain perspiration. Mix salt and water in dish and let evaporate for a few days – show the residue that's left on the skin when it is not washed after normal perspiration.
14. Discuss proper hairwashing, combing, and brushing.
15. Discuss need for sleep and exercise.
16. Show films or filmstrips on suggested topics.
17. Have students give return demonstrations.
18. Use "Good Grooming Kits" for each child with necessary supplies. (toothbrush, toothpaste, comb, brush, shampoo, orange stick, emery board, tissues, soap, and deodorant.)
19. Have children make posters on different aspects of good grooming.
20. Have children make articles and pictures to take home and explain to parents.

PREPARATIONS FOR EXAMINATIONS

It is very important that children be prepared in advance for various examinations and tests.

With advance explanations of procedures, the teacher can make the child aware of the continuous and total process of health care. Each test, examination, and immunization can be discussed in the classroom – thus enabling the child to be less fearful of such procedures and more aware of their values.

HEAD START AND GRADE ONE LEVEL

Things To Learn:

1. That the physician is a friend and helper.
2. What physical examinations will include.
3. That the dentist is a friend and helper.
4. What the dental examination will include.
5. What vision examinations include.
6. What hearing examinations include.
7. Why immunizations are needed and important (at this age level not all children will be able to comprehend such information, but it will be extremely beneficial to those who do understand.)

Suggested Activities:

1. Use booklet "My Friend the Doctor."
2. Use "Teaching Pictures" for "Visit to the Doctor."

3. Have teacher, aids, and/or nurse give a "Pretend Clinic" demonstration of what will be done.
4. Use "Teaching Pictures" for "Visit to the Dentist."
5. Have a dentist or dental hygienist demonstrate how dental examinations are done.
6. Get a few examining instruments from a dentist, if possible, and give a demonstration and explanation of a dental examination.
7. Demonstrate and explain how a vision examination is done. (See page 40, on preparing children for the vision and hearing exams.)
8. Have "practice sessions" for hearing examinations having children get acquainted with proper signaling with arms. Tell them it is a "game" and not a test.
9. Explain hearing screening. (See page 40)
10. Have practice sessions for hearing screening with earphones or earmuffs telling the children they will be like an "airplane pilot." Use audiometer, someone whistling, or a child "beeping" to obtain tones. Tell children it will be a game and not a test. Have them practice listening and signaling they have heard a tone by raising their hand.
11. Explain how immunizations keep you from getting very ill. How they help you "fight off" germs that make you sick.
12. Do **not** lie and tell children "it won't hurt." Immunizations will be uncomfortable and children will be more trusting of such procedures if informed truthfully. Tell them it will feel like a "little mosquito bite" or "little prick," and it will very quickly be all over.
13. Have a role play of one child getting immunized, one giving the immunization, and one acting as "Mr. Germ" or "Mrs. Sickness." When the child is immunized he can fight off "Mr. Germ" or "Mrs. Sickness" and stay healthy and happy. If children of this age group do not appear capable of handling such a presentation older children can perhaps be enlisted to give a "show" to the younger group.
14. Use appropriate films and filmstrips available for this age group.
15. Get materials for reading and viewing with the overhead projector.

PREPARATIONS FOR EXAMINATIONS

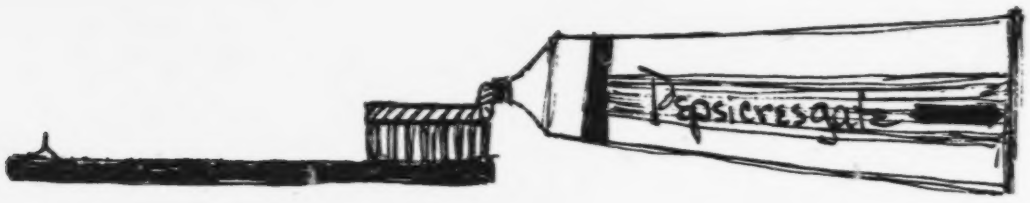
ELEMENTARY

Things To Learn:

1. That the physician is a professional person who wants to help keep people healthy.
2. What the physical examination will include.
3. That the dentist is a professional person who wants to keep children's teeth healthy.
4. What the dental examination will include.
5. What the vision examination will include.
6. What the hearing examination will include.
7. Why immunizations are important and needed.

Suggested Activities:

1. Use teachers, aids, and/or nurse to give a "pretend clinic" demonstration of how physical examinations will be conducted.
2. Be sure to inform the children (especially older girls) that the Migrant School Nurse will be helping the physician and that she will be with the student being examined at all times.
3. Obtain instruments from a dentist and give a demonstration and explanation of a dental examination, if possible.
4. Invite a dentist or dental hygienist to speak and give a demonstration of a dental examination.
5. Give a demonstration and explanation of the vision examination. (See page 40)
6. Practice the routine of the vision examination to make certain the children understand.
7. Explain the hearing screening procedures. (See page 40)
8. Practice the hearing examination with an audiometer or with earmuffs and a piano, child whistling, or "beeping" to make tones.
9. Explain the purpose and value of immunizations.
10. Have the children give a role play with one child being immunized, one giving the immunization, and one being "Mr. Germ" or "Mrs. Sickness." Presentation to younger children demonstrating how immunizations help fight off disease.
11. Show appropriate films and filmstrips (especially on immunizations).
12. Get materials to use with the overhead projector.



DENTAL HYGIENE

HEAD START AND GRADE ONE LEVEL

Things To Learn:

1. Teeth are important for speech, appearance, chewing, and keeping healthy.
2. Our teeth and mouth must be taken care of properly. (Infection in the teeth can affect the whole body)
3. Proper dental care.
4. Some objects can be harmful when put into the mouth.
5. Broken teeth cannot mend themselves – so they should be cared for properly.

Suggested Activities:

1. Tell of the importance of good dental care.
2. Demonstrate proper toothbrushing techniques. Have pupils give a return demonstration.
3. Tell how hard and sharp objects damage teeth, and how broken teeth do not mend themselves. Remind children not to put things in mouth or bite on pencils, not to walk or run with objects in mouth, and not to push someone's head when they are drinking at a water fountain, or cause someone to fall.
4. See that children brush their teeth after meals or "swish and swallow" with water if they are not able to brush. Tell them how apples and carrots help to clean teeth.
5. Have a party eating foods good for your teeth (milk and vegetables and fruits)
6. Have a dentist or dental hygienist visit the class and tell about dental care.
7. Have children brush their teeth to music – make it a game.
8. Use "The Dentist" in FUN WITH ACTION RHYMES by Marie Frost.
9. Use "Teaching Pictures" for brushing teeth.
10. Use films and filmstrips available.
11. Use pamphlets and materials for the overhead projector.

DENTAL HYGIENE

ELEMENTARY

Things To Learn:

1. Teeth are important for speech, appearance, chewing food, and keeping healthy.
2. Our teeth and mouth must be taken care of properly. (Infection in the teeth can affect the whole body)
3. Proper dental care.
4. Some objects can be harmful when put into the mouth.
5. Broken teeth cannot mend themselves – so they should be cared for properly.

Suggested Activities:

1. Tell of the importance of good dental care.
2. Demonstrate proper toothbrushing techniques. Have pupils give a return demonstration.
3. Tell how hard and sharp objects damage teeth, and how broken teeth do not mend themselves. Remind children not to put things in mouth or bite on pencils, not to walk or run with objects in mouth, and not to push someone's head when drinking at a water fountain, or cause someone to fall.
4. See that children brush their teeth after meals or "swish and swallow" with water if they are not able to brush. Tell them how apples and carrots help to clean teeth.
5. Have a party eating foods good for your teeth (milk and vegetables and fruits)
6. Have a dentist or dental hygienist visit the class and tell about dental care.
7. Use films and filmstrips available.
8. Use materials and pamphlets for the overhead projector.

IMPORTANT FOODS TO EAT

USE DAILY:

MILK GROUP

3 or more glasses milk – children (smaller glasses for some children under 9)

4 or more glasses – teenagers

2 or more glasses – adults

Cheese, ice cream and other milk-made foods can supply part of the milk.

1. Builds strong bones and healthy teeth.
2. Builds and repairs body tissues.
3. Promotes growth and provides energy.
4. Keeps muscles active and nerves calm.

MEAT GROUP

2 or more servings

Meats, fish, poultry, eggs, or cheese – with dry beans, peas, nuts as alternates.

1. Builds strong muscles.
2. Makes healthy blood and tissues.
3. Provides growth and energy.

VEGETABLES AND FRUITS

4 or more servings

Include dark green or yellow vegetables; citrus fruit or tomatoes

1. Keeps skin healthy.
2. Maintains normal eyesight.
3. Helps resist infections.

BREADS AND CEREALS

4 or more servings

Enriched or whole grain breads (Added milk improves nutritional values.)

1. Promotes growth and building.
2. Creates good appetite.
3. Provides energy.

* * *

HEAD START AND GRADE ONE LEVEL

Things To Learn:

1. That wholesome food is important for keeping well and happy, for a pleasant appearance, and for growing big and strong.
2. The foods that should be eaten daily, why they should be eaten, and how much should be eaten.
3. Favorable attitudes toward all foods.
4. Formation of good eating habits. (This information should also be carried into the home for the benefit of other family members)
5. How foods are prepared properly.

Suggested Activities:

1. Use "Teaching Pictures" on Good Food.
2. Use "Teaching Pictures" on Food and Nutrition. (whole packet)
3. Use "Growing Up" and "Tall Tall Trees" in FUN WITH ACTION RHYMES.
4. Make posters of the Four Basic Foods for display and discussion.
5. Give a demonstration on keeping foods clean, preparing foods, and handwashing. Obtain a variety of fruits and vegetables and prepare and eat them as a snack. Talk about what the foods do, what the foods are, what color the food is, etc.
6. Use a flannel board for displaying colorful foods – asking children to explain what they are and tell about them. Have children arrange a balanced meal.
7. Plan a nutritious box lunch. Have children prepare and pack foods properly. Have an indoor or outdoor picnic.
8. Make a booklet or bulletin board display of children's drawings of "foods I like."
9. Have children tell about the Spanish foods they eat. Help them determine what these foods do for their bodies.
10. Build a food store or supermarket in the classroom. Have children display, buy, sell, and prepare foods for classroom "nutrition snacks." (Store can also be used for money and mathematics problems)
11. Take field trips to a grocery store to study how food is wrapped, stored, and handled for nutrition and safety; to a bakery to see bread being made; to a dairy to see milk being processed.
12. Use fruits or vegetables to illustrate numbers, measurements, and mathematical problems. Co-ordinate discussion with what the foods do for the body.
13. Have children write reports on school, field trips or whatever and submit to local newspaper with drawings or pictures, if possible.
14. Have "tasting parties" of different foods.

15. Read stories and poems about good foods.
16. Plant a vegetable garden and watch the vegetables grow.
17. Make posters or a bulletin board display of a soup kettle. Have pupils bring or draw vegetables to put in the kettle.
18. Make puppets and have puppets present content of good diet. Each puppet could represent a food – and tell what he does for the body. Use color, drama, and music.
19. Have a role play of "good foods" (basic four) and "bad foods" (sweets and candies).
20. Use films and filmstrips available.
21. Have children tell all about their favorite food.
22. Order materials to be read and viewed with the overhead projector.

IMPORTANT FOODS TO EAT

ELEMENTARY

Things To Learn:

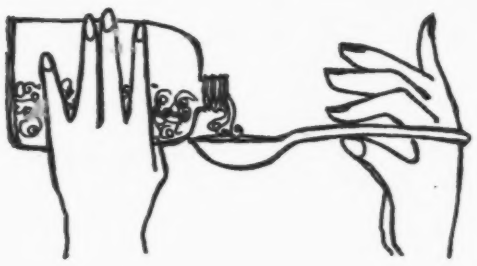
1. That good nutrition is essential for normal growth and good health.
2. The foods that are necessary, why they are needed, and how much should be eaten.
3. How foods are properly prepared and stored.
4. Formation of good eating habits. (This information should also be carried into the home to benefit other family members)
5. Favorable attitudes toward foods.

Suggested Activities:

1. Make charts or posters of necessary foods. Discuss them.
2. Using chickens or rats, put one on an adequate diet, another on an inadequate diet. Observe results during the school's operation. Rats may be obtained from the State Department of Health, State University Agricultural Extension Stations, Dairy Councils, or Scientific and Biologic display houses. Chickens may be obtained from local farmers or hatcheries. Complete information on conducting animal feeding demonstrations can be obtained by writing for "Animal Feeding Demonstrations for the Classroom," National Dairy Council, 111 North Canal Street, Chicago, Illinois 60606.
3. Describe the appearance of a healthy person: shiny hair and eyes, clear skin, good posture, white teeth, abundance of energy, feels and looks well.
4. Have children keep a record of what they eat during a day and compare it with what they need.
5. Make murals of family life – places food comes from and how it is prepared. Recipes for cooking tortillas, beans, (frijoles) etc. could be written.
6. Form a committee to investigate diets and eating customs in Mexico and present dramatized reports. Have children tell about Spanish-American foods they eat. Help them determine how these foods are nutritionally valuable.
7. Build a food store or supermarket in the classroom. Have children display, buy, and sell foods. Have them prepare foods for classroom "nutritious snacks." (Store can also be used for money and mathematical problems.)
8. Take field trips to a grocery store to study how foods are wrapped, stored, and handled for nutrition and safety; to a bakery to see bread being made; to a dairy to see milk being processed.
9. Use fruits or vegetables to illustrate numbers, measurements, and mathematical problems. Co-ordinate discussion with what the foods do for the body. Give a demonstration of food preparation, handwashing, etc.
10. Have children prepare a simple salad, biscuits, or cookies to learn proper food handling and measurements.

11. Have children write reports on school, field trips, or whatever and submit to the local newspaper with drawings or pictures, if possible.
12. Have "tasting parties" to introduce different foods.
13. Plant a vegetable garden and watch vegetables grow and develop.
14. Make puppets and have puppets present content of good diet. Each puppet could represent a food – and tell what he does for the body. Use color, drama, and music. Older children could put on a "show" for the younger children.
15. Have a role play of "good foods" (basic four) and "bad foods" (sweets and candies).
16. Use films and filmstrips available.
17. Have children tell all about their favorite food.
18. Plan a nutritious box lunch. Have children prepare and pack food properly. Have an indoor or outdoor picnic.
19. Order materials to be read and viewed with the overhead projector.

PREVENTION AND CONTROL OF COMMUNICABLE DISEASES



HEAD START AND GRADE ONE LEVEL

Things To Learn:

1. How germs enter into the body. (mouth, nose, openings in the skin, etc.)
2. Development of habits that will help to reduce illness.

Suggested Activities:

1. Use "A Cold" in FUN WITH ACTION RHYMES.
2. Use "Teaching Pictures" for "Dressing for Weather," "Covering Mouth and Nose," and "First Aid."
3. Very simply explain about "germs" that make children sick.
4. Discuss things that should not be put into the mouth and why. (fingers, pencils, scissors, toys, crayons, etc.)
5. Demonstrate proper use of the drinking fountain.
6. Demonstrate proper method of cleaning nose, coughing, and sneezing into handkerchief. Be sure to have children cough or sneeze into hanky, not into hand.
7. Have tissues available in classroom for children's use.

8. Remind children of importance of handwashing. Give demonstration of proper techniques using warm water and soap.
9. Remind children to use their **own** comb, toothbrush, drinking glass, eating utensils, washcloth and towel, and to eat their own food, not part of another child's food.
10. Remind children in simple manner how immunizations, rest, good food, and so on help fight disease.
11. View films and filmstrips on colds, communicable diseases, immunizations, etc.
12. Order pamphlets and stories to view with overhead projector.

PREVENTION AND CONTROL OF COMMUNICABLE DISEASES

ELEMENTARY

Things To Learn:

1. Development of habits that will help to reduce illness.
2. How germs get into the body. (mouth, nose, openings in skin, etc.)

Suggested Activities:

1. Explain about "germs" that get into the body and make children ill.
2. Discuss things that should not be put into the mouth and why. (fingers, pencils, scissors, toys, crayons, etc.)
3. Demonstrate proper use of drinking fountain.
4. Demonstrate proper method of cleaning the nose, coughing, or sneezing. Be sure to have children cough or sneeze into hanky – not on hands.
5. Discuss proper handwashing techniques – demonstrate with warm water and soap. Remind children to wash hands before eating or preparing foods, after toileting, and when hands get soiled.
6. Remind children to use **own** comb, toothbrush, washcloth and towel, drinking glass, eating utensils, and to eat their own food – not parts of other children's food.
7. Demonstrate washing of fruit and vegetables before eating.
8. Discuss how immunizations protect against disease. Discuss importance of keeping an accurate immunization record.
9. Remind children of value of physical examinations, immunizations, and proper nutrition in preventing disease.
10. Discuss correct dishwashing techniques. Observe school kitchen personnel washing dishes.
11. Discuss morning observation of nurse ("rounds") in preventing disease.
12. Remind children of need to keep body clean, and to cleanse all wounds immediately and thoroughly.
13. Observe drop of pond water under microscope to view various "animals" that cannot be seen with the naked eye. Compare with germs.
14. Discuss "how to catch a cold" – lack of rest, proper foods, and exercise; getting chilled; coming in contact with an infected person through coughs, sneezes, eating utensils, etc.
15. View films and filmstrips on colds, communicable diseases, immunizations, etc.
16. Order pamphlets and stories to view with the overhead projector.

VISION AND EYE CARE

HEAD START AND GRADE ONE LEVEL

Things To Learn:

1. Awareness of the importance of the eye.
2. Elementary understanding of how the eye works.
3. Beginning concepts of eye care.

Suggested Activities:

1. Discuss how our eyes help us – have children cover eyes to see what it would be like without vision.
2. Discuss vision screening already conducted in the school.
3. Compare eye to camera and explain similarities.
4. Remind children not to rub eyes and to keep objects out of eyes.
5. Foreign materials in eye should be removed immediately by an older person – discuss this with the children.
6. Use films and filmstrips available.
7. Use pamphlets and materials for overhead projector.
8. Read stories and rhymes about eyes and seeing.

VISION AND EYE CARE

ELEMENTARY

Things To Learn:

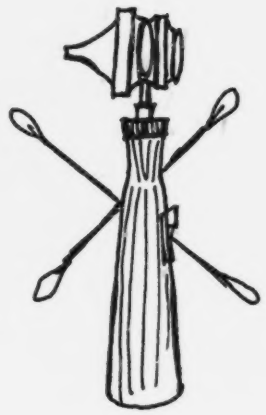
1. Awareness of importance of eyes.
2. Understanding of how the eyes work.
3. Awareness of how to care for the eyes.

Suggested Activities:

1. Discuss how our eyes help us.
2. Discuss vision screening already conducted in the school.
3. Compare eye to camera and explain similarities.
4. Show diagram of eye and explain just how it works.
5. Explain how eyebrows, eyelashes, eyelids, and bones around the eye provide protection.
6. Explain the need for proper lighting when reading.
7. Discuss the fact that foreign objects in the eye should be removed immediately by an older person.
8. Use films and filmstrips available.

9. Explain how ears help to keep eyes clean. (immediate closing with loud sound or blast)
10. Remind children of foods important for vision. (Vitamin A in carrots, corn, red peppers, tomatoes, pears, and beans)
11. Explain that headaches, fatigue, and dizziness are signs of eye difficulties.
12. Discuss the advantage of eyeglasses – (help to see, look attractive, and are nothing to be ashamed of)
13. Use films and filmstrips available.
14. Use materials for the overhead projector.
15. Have children make posters on eye care and protection of eyes.
16. Use a darkened room and flashlights to show children how the pupil of the eye works in regulating light. Have them line up in two's. Using a flashlight, have each child observe the pupil reaction in the other child's eyes. (Use of two or three lines will facilitate quicker observation.)

HEARING AND EAR CARE



HEAD START AND GRADE ONE LEVEL

Things To Learn:

1. Our ears help us hear.
2. We need to take good care of our ears.

Suggested Activities:

1. Explain how our ears help us.
2. Have children plug ears with their fingers to see what it would be like without their hearing ability.
3. Discuss hearing screening done in the school.
4. Tell children never to put objects into ears.
5. Demonstrate how to blow nose gently – one nostril at a time – "so it doesn't hurt your ears."
6. Demonstrate how to wash the ears.
7. Explain that shouting into another's ears, pulling, or hitting ears can damage ears and hearing.
8. Remind children to see a physician when an earache develops.
9. Use films and filmstrips available.
10. Use pamphlets and materials available for use with the overhead projector.

HEARING AND EAR CARE

ELEMENTARY

Things To Learn:

1. The structure and function of the ear.
2. Proper care of the ears.

Suggested Activities:

1. Using diagram of the ear, explain simply how the ear works.
2. Discuss hearing screening done in the school.
3. Explain why objects should not be put in the ears.
4. Demonstrate how to gently blow nose, one nostril at a time. Explain how blowing the nose forcefully can spread infection from the throat or mouth to the ears.
5. Demonstrate how to wash the ears.
6. Explain how loud noises, hitting, and pulling can hurt the ears.
7. Remind children to see a physician if they have earaches or drainage from their ears.
8. Use films or filmstrips available.
9. Use materials available for use with the overhead projector.

CHANGES OF PUBERTY

The changes that occur in an adolescent's body as he becomes a man or as she becomes a woman often produce fears and tensions. It is important for children to understand what is happening and to understand that this is a normal process. They need guidance in adjusting to their new role.

Some of the older children in the Migrant Schools will be experiencing these bodily changes. Among the Mexican-American farm workers, many superstitions surround these changes.

It is therefore important for the teacher to see that adequate explanations and discussions on changes of puberty are offered to the older children who are nearing or who are in this period of growth and development.

Excellent films, filmstrips, and pamphlets are available on these subjects. Perhaps the Migrant School Nurse would speak to the girls concerning menstruation, and possibly the Location Supervisor or a male teacher would speak to the boys concerning their bodily changes.

FINAL STUDENT PRESENTATION

Children remember **best** what they do – and they enjoy performing. They are natural actors and actresses.

Since migrant parents often lack adequate background in health care and education, and since their long working hours make adult health education difficult to arrange, it would be beneficial to both the migrant children and their parents if a final "Health Show" could be presented.

Such a "show" could involve all students of preschool age and above – (and maybe even some children from Infant Care!)

The migrant parents could be invited – along with members of the community. Publicity could include signs, posters, radio and television announcements, and newspaper articles.

Costumes could be made by older children, depicting younger children as various fruits, vegetables, meats, breads, or milk foods. Children could explain what they are and what they do to keep people healthy. Humorous names can be used such as "Mr. Milk," "Cindy Cereal," and "Brenda Bread." Other children could represent a tooth – and explain proper dental hygiene, or hair or a comb – and explain proper care of the hair. "Mr. Crabby Cold" could explain how he catches children. "Mighty Shot" could tell how he helps children fight off diseases.

If younger children could not handle speaking parts, older children could narrate to pantomimes.

Perhaps a puppet show could be presented using the theme of "How to Keep Healthy." Or children could use other methods of presentation – games, songs, stories, posters, and speeches.

Each child could have a job and be made to feel important. Some could prepare material for publicity, some could make costumes and decorations, and others could usher people to their

seats. Perhaps some children could prepare and serve a little nutritious lunch to the visitors. Others might be interested in making programs to hand out for the evening.

A large number of presentation methods are possible. Each location may develop its own unique "Health Show."

Much knowledge and enjoyment can be obtained by the presentation of a School Health Program, and each location is encouraged to plan for such a production.

APPENDIX

AUDIO-VISUAL AIDS AVAILABLE UPON REQUEST

FILMS AND FILMSTRIPS:

CATALOGS:

HEALTH AND SAFETY FILMS 1968
Minnesota Department of Health

FILM CATALOG, SEPTEMBER 1968
North Dakota State Department of Health

LITERATURE:

CATALOG:

HEALTH INFORMATION MATERIALS
Minnesota Department of Health

ORDER FORM:

LITERATURE ORDER FORM
Division of Health Education
North Dakota State Department of Health

POSTERS:

Health Posters: (No Charge for materials)

Title	Code
The Vitamin C Family	S-1
We Help You Keep Fit (Vitamin C)	S-2
Physical Fitness Requires Good Food.	S-3
Citrus Leads Parade with Vitamin "C."	S-4
Citrus is One of the Protective Foods.	S-6
Citrus Fruits are Part of the Four Food Groups.	S-7
Food Helps Make a Difference in Dental Health	S-8
Citrus Fruits are Needed for All Four Seasons	S-9

Nutrition Poster

Order from: Florida Citrus Commission
Youth and School Service Department
Post Office Box 148
Lakeland, Florida 33802

Guide To Good Eating Posters:

Four Food Groups–

Leaflet 7 1/4" X 11"	4¢ each
Poster 18" X 28"	20¢ each

Both available in English or Spanish

Order from: National Dairy Council
111 North Canal Street
Chicago, Illinois 60606

Health Posters: (No Charge for materials)

Communicable Diseases:
BLOCK THAT SNEEZE!
COVER COUGHS AND SNEEZES
WASH GERMS AWAY
LASSIE AND I GO FOR A TUBERCULIN TEST – HAVE YOU HAD YOURS?

Posture:
HOW ANIMALS WOULD LOOK IF THEY WALKED LIKE PEOPLE

Sleep:
SLEEP FOR PEP TOMORROW

Health Is . . . (series with Indian pictures, complete with a background story and questions to be asked)
–FOOD
–WATER
–SLEEP
–PLAY

Food:
GOOD FOOD HELPS YOU GROW

Order from: Minnesota Respiratory Health Association
614 Portland Avenue
St. Paul,
Minnesota 55102

SOURCES CONSULTED

Associated Migrant Opportunity Services Educational Bulletin #10 "The Effect of Cultural Background and Class Status Upon the Health Beliefs of the Spanish-Speaking Migrant," with ideas extracted from Madsen, William, **Mexican Americans of South Texas,** Holt, Rinehart, and Winston. New York. 1964

Children's Bureau, **Children in Day Care With Focus On Health,** United States Department of Health, Education, and Welfare, Social Rehabilitation Service, Washington, D.C. 1967.

Michigan Migrant Opportunity Incorporated, **Day Care Manual.** Michigan Migrant Opportunity Incorporated, 1966.

Minnesota Department of Education, Curriculum Bulletin Number 2, **Growing Up For Efficient Everyday Living,** for Elementary School, Health, Physical Education, and Safety, State of Minnesota Department of Education, 1946.

Minnesota Department of Education, Curriculum Bulletin Number 24—Supplementt, **A Guide for Instruction in Health and Safety,** State of Minnesota, Department of Education, 1965.

Minnesota Department of Health, Division of Nursing, **Local Public Health Nursing Manual,** Minnesota Department of Health.

Minnesota Department of Health, Section of Maternal and Child Health, **Child Development Chart,** Minnesota Department of Health.

Minnesota Department of Health, Section of Maternal and Child Health, **Immunization — Defense Against Disease,** Minnesota Department of Health.

Minnesota Education Report, **Migrant Centers Reach Kids — Adults Too,** Minnesota State Department of Education, Vol. 3, No. 3, December, 1968.

Project Head Start, **Health Services,** Office of Economic Opportunity, Washington, D. C.

Roberson, Thomas E., "Special Health Education Problems for Migrants," presented before the Agricultural Extension Service Section Meeting of the Rural Health Conference, American Medical Association, held in Miami, Florida, March 25, 1965.

U S Department of Health, Education, and Welfare, Public Health Service, **Interim Report on the Status of Program Activities Under the Migrant Health Act,** (P.L. 87-692), Migrant Health Activities, U. S. Government Printing Office, Washington, D. C., 1964.

U. S. Department of Health, Education, and Welfare, Public Health Service, **Migrant Health Program, Current Operations and Additional Needs,** U. S. Government Printing Office, Washington, D. C., 1967.

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